TRAVEL VOUCHER OR SUBVOUCHER

(Continuation Sheet)

4. NAME *(Last, First, Middle Initial) (Print or type)*
CUSTOMER, Sam A.

15. ITINERARY

a. DATE 2006		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
3/5	DEP	Pensacola, FL	CP			
3/5	ARR	Houston, TX		TD	420.00	
3/10	DEP		CP			
3/10	ARR	Washington, DC		MC		
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3. FOR D.O. USE ONLY

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USE THIS FORM WHEN NEEDING TO CONTINUE YOUR ITINERARY OR REIMBURSEABLE EXPENSES.

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18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
3/7	ATM Fee	5.25	5.25
3/10	Lodging Tax	50.40	50.40
3/10	Taxi from Airport	36.20	36.20

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
	0		

29. REMARKS