

**FIELD PER DIEM VOUCHER**

VOUCHER NO. \_\_\_\_\_

SCHEDULE NO. \_\_\_\_\_

PAID BY \_\_\_\_\_

CHECK NO. \_\_\_\_\_

CASH PAYMENT OF \$ \_\_\_\_\_

RECEIVED (DATE) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Payee)

PAYEES NAME AND ADDRESS	TRAVEL ORDER NO. AND DATE	
	TRAVEL ADVANCE	AMOUNT
	OUTSTANDING	
	AMOUNT TO BE APPLIED	
	REMAINING BALANCE	

ACCOUNT CLASSIFICATION	REGION OFFICE USE ONLY	ACCOUNT CLASSIFICATION	REGION OFFICE USE ONLY
P.D. _____		P.D. _____	
Mileage _____		Mileage _____	
Other _____		Other _____	
P.D. _____		P.D. _____	
Mileage _____		Mileage _____	
Other _____		Other _____	

DATES	DESCRIPTION	MILES	AMOUNT
<p>I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7).</p> <p>_____</p> <p>Traveler's Initial</p>			

* PAYEE'S SIGNATURE	DATE	AMOUNT CLAIMED
PROJECT ENGINEER'S SIGNATURE	DATE	NET TO TRAVELER
WFLHD IF REQUIRED	DATE	

\* CERTIFIED CORRECT - FRAUDULENT CLAIM-FALSIFICATION OF AN ITEM IN AN EXPENSE ACCOUNT WORKS A FORFEITURE OF THE CLAIM (20 U.S.C. 2514) AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (U.S.C. 287: id. 1001)