



**Idaho Association of Soil Conservation Districts
TRAVEL EXPENSE VOUCHER**

55 SW 5th Ave, Suite 100
Meridian, ID 83642
Phone: (208) 895-8928
Fax: (208) 888-4586

Name (please print): _____
 Purpose of Travel: _____
 Location of Travel: _____
 Departure Date: _____ Departure Time: _____ Arrival Time: _____
 Return Date: _____ Departure Time: _____ Arrival Time: _____
 Mileage Breakdown: _____ Departure Miles: _____ Return Miles: _____
 Total Round Trip Miles: _____ x \$.54/mile= \$ -

Please itemize miscellaneous expenses below:	ITEM TOTALS:	AMOUNT
	Airfare	
	Registration	
	Parking	
	Rental Car	
	Shuttle	
	Phone	
	Lodging	
	Miscellaneous	
	Mileage	\$ -
	Total Claim:	\$ -

I hereby certify that the Travel Services or Supplies set out in the voucher are correct and just and that I have not received payment.

_____ DATE _____ CLAIMANT'S SIGNATURE