



**VOUCHER FOR OFFICIAL DUTIES**  
 (Review current Fiscal Policy for allowable amounts)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

DATE:	PURPOSE OF TRIP	BREAK-FAST	LUNCH	DINNER	TOTAL MEALS	LODGING	GRAND TOTAL
SUB TOTAL MEALS & LODGING							
MILEAGE (Attach Mapquest)		MILES @ \$ .725X					
TOLLS							
OTHER TRAVEL COSTS(REMARKS)							
				SUB - TOTAL FOR TRAVEL			
		OFFICE EXPENSES	PRINTING	SUPPIES	POSTAGE		
		SUB-TOTAL OFFICE EXPENSE					
		GRAND TOTAL OF VOUCHER					

**(ATTACH RECEIPTS TO FORM)**

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**TREASURER INFORMATION ONLY**

Account: NARFE Florida Inc. \_\_\_\_\_ State Convention \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_