TRAVEL VOUCHER FORM
INSTRUCTIONS

Office of Legal Education
1620 Pendleton St.
Columbia, SC 29201
http://www.usdoj.gov/usao/eousa/ole

Note: Fill only the items listed below. If an item/box is not listed below, please leave it blank.

TRAVEL VOUCHER SUMMARY

1. Voucher

Voucher Date	Enter the date the form is prepared.
Preparer's Name	Enter the last name of the preparer.

2. Traveler

Name	Enter the traveler's name.
SSN	Enter the traveler's Social Security Number.**
Address	Enter the street address to which the reimbursement check should be mailed.
City/State/Zip	Enter the city, state and zip code to which the reimbursement check should be mailed.

3. Purpose

Leave this section blank.

4. Obligation Liquidation

Traveler YRegDoc	Enter the traveler's Document Control Number (DCN) (6-8 digit number beside traveler's name in the course acceptance email.)

5. Itinerary

Trip Began	Enter the date the trip began.
Trip End	Enter the date the trip ended.
Greater than 12 hours	Use only if your trip was completed in the day it began.

6. **Expense Summary**

Traveler Paid Transportation	Leave blank if charged directly to the NAC, or enter the amount of common carrier expenses.
Lines 2 – 9	Carry forward totals from Page 2 of voucher
Car Rental	Use only if specifically authorized
Total Voucher	Enter the total amount claimed

7. **Accounting Distribution**

Leave this section blank.

8. **Approval**

Traveler Sign Below	Traveler signs.
Date	Enter date signed.
Phone	Enter traveler's phone number

Receipts are required for all expenses in excess of $75.00. Once the voucher is completed and signed, please mail the Travel Voucher Summary and Daily Expense Report Summary in the self-addressed, stamped (blue) envelope provided during the course, or mail to the following address:

ATTN: TRAVEL PROCESSING
UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF LEGAL EDUCATION
1620 PENDLETON ST.
COLUMBIA, SC 29201-3836

** **Travel Authorization/Confirmation Form & Travel Voucher: Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel payment or reimbursement which is, or may be taxable income. Failure to furnish the information requested may result in total or partial denial of the amount claimed.**

For additional travel questions/help, please call OLE Travel from 9:00 a.m. to 5:30 p.m., EST:
Tina Tolbert (803) 705-5650 (tina.tolbert@usdoj.gov)
Justine Wells (803) 705-5163 (justine.wells@usdoj.gov)

DAILY EXPENSE REPORT SUMMARY (page two of the Voucher)

The following information is to be calculated and entered on the second page of the voucher. The totals will be carried forward to section 6 of page 1.

Note: Use one line for each day of travel.

Travel Day	Enter one date for each day of travel.
State	Enter the state to which the traveler traveled (typically SC).
City	Enter the city to which the traveler traveled (typically Columbia).
Lodging	Lodging is typically charged directly to the NAC. If not, and applicable, enter the lodging claimed for each night.
Lodging Tax	If applicable, enter the lodging tax for each night
M&IE	Enter the M&IE (Meals and Incidental Expenditures) for each day. Computation of Per Diem on Days of Travel To and From the Seminar:

- On the day of travel to the NAC, the traveler is entitled to per diem of $38.25. This is based on ¾ of the M&IE allowance of $51.00.
- For each full day at the NAC, the traveler is entitled to per diem of $31.00 ($26.00 for dinner, $5.00 for incidental expenses.)
- On the day of travel from a course at the NAC, the traveler is entitled to per diem of $18.25. This is based on ¾ of the M&IE allowance of $51.00 less $20.00 ($8.00 for breakfast and $12.00 for lunch). Computation: $51.00 x ¾ = $38.25 - $20.00 = $18.25.

Mileage	Enter the mileage amount claimed, if applicable (# of miles traveled X current mileage rate). The current mileage rate is $.56.5 per mile.
ATM Fee	Enter the ATM fee claimed, if applicable.
Taxi/Limo	Enter the taxi/limo expenses claimed, if applicable.
Business Calls	Leave blank. Your organization is responsible for business calls.
Personal Calls	Leave blank. There is no reimbursement for personal calls.
Parking	Enter the parking expenses claimed, if applicable.
Optional Comments	Enter any explanatory information, if needed.
Total	Enter the total for each column. Carry the total for each column forward to the first page of the voucher block in section #6.

Travel Voucher Summary

1. Voucher

Local Voucher No	Submit Org	Voucher Date	VoucherType	Ref Doc No	Preparer's Name
			☐ Orig ☐ ReClaim		

2. Traveler

Name(FNF)

SSN

☐ 1. Employee ☐ 2. Contractor ☐ 3. Invitational ☐ 4. Other

Address

Address

City | State | Zip

Country

☐ Payment Notification | Email

3. Purpose

Type Travel	Travel Purpose
☐ A. TDY	☐ A. Operational
☐ B. Ext TDY (Over 30 Days)	☐ B. Training
☐ C. Taxable Ext TDY	☐ C. Meeting/Conf

4. Obligation Liquidation

☐ Final ☐ Partial ☐ NPO

Traveler YREGDOC	RCN (8 Alpha)

5. Itinerary

Description

Trip Began | Trip Ended

☐ 1. Domestic ☐ 2. O/CONUS ☐ 3. Foreign

Highest Class of Travel

☐ 0. NA ☐ 1. Coach ☐ 2. Bus Class ☐ 3. First Class

Reason tor UpGrade

- ☐ 1. Coach not available
- ☐ 2. Emp Disability
- ☐ 3. Security
- ☐ 4. Foreign -no coach
- ☐ 5. Cost Savings
- ☐ 6. Paid by NonFed
- ☐ 7. Travel GT 14 hrs
- ☐ 8. Other
- ☐ 9 NA

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State	City	
SC	Columbia	☐ Multiple Destinations

6. Expense Summary

FMIS Upload ☐ Yes ☐ No

Standard Travel Expenses

Traveler Paid Transportation	
Lodg Total (from back)	
Lodg Tax Total (from back)	
M&IE Total (from back)	
Mileage Total (from back)	
ATM Fees (from back)	
Taxi/Limo (form back)	
Business Calls (from back)	
Personal Calls (from back)	
Parking (from back)	
Car Rental	
Laundry	

Other Expenses

Item Desc:	SOC	Amount

Total Voucher

Disposition

Advance Repayment	
Taxes Withheld Fed	
Taxes Withheld State	
To Travel Card	
Amount to Traveler	

DisbMode ☐ 1. Dir Dep ☐ 2. Tres ☐ 3. Draft ☐ 9. None

Draft Site

7. Program Distribution

FY	Fund	Actclass	PGM	AIN	Project	OMF	%
						Total..	

8. Approval

Note: Falsification of an Item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $1 0,000 or imprisonment for not more than 5 years or both (1 8 U.S.C. 287;1.d I 001).

Traveler Sign Below	Approving Official Sign Below	Certifying Official Sign Below
I certify this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.	The amounts claimed on this voucher are approved official travel expenses, which appear to be reasonable for the travel performed.	This voucher is certified correct and proper for payment
Date: Phone:	Submission date:	Date:
	Approval date:	

Daily Expense Report Summary

Enter expenses in categories provided below. Enter other expenses on Box 6 on front.

Travel Day	ST	City/County	Lodging	Lodging Tax	M&IE	Mileage	ATM Fee	Taxi / Limo	Business Calls	Personal Calls	Parking	Comments
		Total										