TRAVEL EXPENSE VOUCHER

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH

TYPE OR COMPUTER GENERATE ONLY - Do NOT Hand Write

APPROP. YEAR	MAIN-FACS AGY. NO.	VOUCHER NO
2010	641	
PAGE/OF	CHECKED / AUDITED	
1 of 2		

EMPLOYEE NAME	BUSINESS PHONE	MAIN - FACS AGENCY NAME	MAIN	VENDOR ID #	MAIL
		LABOR & ECONOMIC GROWTH	3		000

STREET ADDRESS	CITY	STATE	ZIP CODE
		MI	

OFFICIAL WORK STATION CITY & BLDG	PERMANENTLY ASSIGNED STATE CAR #	Temporary Advance $:	Permanent Advance $:

CONTACT PERSON	BUSINESS PHONE	NATURE OF OFFICIAL BUSINESS (PURPOSE/DESCRIPTION)	PERIOD COVERED FROM:	TO:
Tami Risner	**517-241-8443**	**CLEG Meeting**		

INSTRUCTIONS: FOR OUT-OF-STATE TRAVEL, ATTACH AN APPROVED REQUEST FOR OUT-OF-STATE TRAVEL AUTHORIZATION FORM

*MILEAGE - REFER TO DEPARTMENTAL GUIDELINES OR PROCEDURES IN THE USE OF STANDARD OR PREMIUM MILEAGE RATES.

*LODGING - INCLUDE TRAVEL AGENT CONFIRMATION NUMBER. SEE TRAVEL AGENT CONFIRMATION NUMBER FIELD AT BOTTOM OF PAGE.

***** (LODGING) **TRAVEL AGENT CONFIRMATION NUMBER(S):**

COMMENTS:

Travel Criteria #1

Numbers In Parentheses represent The Number Of Input Characters

INDEX (5)	PCA (5)	AOBJ AF		AMOUNT
35500	**47125**	**6171**		
			GRAND TOTAL	

I certify all items of expense included above were incurred in the discharge of authorized official business and represent proper charges

EMPLOYEE SIGNATURE	DATE	SUPERVISOR APPROVAL SIGNATURE	APPROVAL DATE

* Travel Agent confirmation has been moved above comment section.

MONTH AND DAY	TRAVEL DESCRIPTION FIELD (INCLUDE STATE POOL VEHICLE #)	HOUR OF (AM/PM)		*MILEAGE				**LODGING	MEAL AMOUNTS		OTHER	DAILY TOTAL
		DEPART	RETURN	PT to PT MILES	VICINITY MILES	STD. AMT	PREM AMT	ROOM CHARGES	WITH OVERNIGHT	WITHOUT OVERNIGHT	EXPENSES	