

## Expense Reimbursement Voucher

Chesapeake Research Consortium  
 645 Contees Wharf Rd, Edgewater, MD 21037  
 410-798-1283; Fax: 410-798-0816

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  Check if address is new

<b>Travel Dates:</b>	Start:	End:	
<b>Locations:</b>	From (City, State):	To (City, State):	
<b>Purpose:</b>			
<b>Mileage:</b>	Mileage between your home and your regular job cannot be included in mileage reimbursements.	x 0.54 =	
<b>Meals (Per Diem):</b>	When using GSA per diem rates, please include first & last day reductions.	Amount:	
<b>Other Expenses:</b> (Receipts Required)	Description:	Amount:	
	Description:	Amount:	
	Description:	Amount:	
	Description:	Amount:	
<b>TOTAL (mileage + meals + other):</b>			

<b>Travel Dates:</b>	Start:	End:	
<b>Locations:</b>	From (City, State):	To (City, State):	
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	Description:	Amount:	
<b>TOTAL (mileage + meals + other):</b>			

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<b>Other Expenses:</b> (Receipts Required)	Description:	Amount:	
	Description:	Amount:	
	Description:	Amount:	
	Description:	Amount:	
<b>TOTAL (mileage + meals + other):</b>			

**VOUCHER TOTAL:** \_\_\_\_\_

Mileage will be reimbursed at 54.0 cents per mile. Per Diem rates for meal reimbursement can be found on the GSA website ([www.gsa.gov/perdiem](http://www.gsa.gov/perdiem)) for the destination city. First and last day reductions can be found here: <http://www.gsa.gov/portal/content/101518>. Please attach receipts for all additional items for which reimbursement is requested. Alcoholic beverages will not be reimbursed.

I hereby certify that expenses listed above were incurred by me on official business and include such expenses as were necessary in the conduct of this business.

Signature: \_\_\_\_\_  
Real or Electronic Signature Required for Processing

Date: \_\_\_\_\_