Expense Reimbursement Voucher

Chesapeake Research 645 Contees Wharf R 410-798-1283; Fax: 4	d, Edgewater, M	D 2103′	Name: 7 Address:				Check if address is ne	
•	1	1					encer ii address is in	
Travel Dates:	Start:			End:				
Locations:	From (City, St	ate): To (City, Sta		City, State):				
Purpose:								
Mileage:	Mileage between your home and your regular job cannot be included in mileage reimbursements.					x 0.545 =		
Meals (Per Diem):	When using GSA per diem rates, please include first & last day reductions.					Amount:		
Other Expenses: (Receipts Required)	Description:	scription:				Amount:		
	Description:					Amount:		
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			TO	TAL (r	nileage + me	als + other):		
Travel Dates:	Start: End:							
Locations:	From (City, State):				City, State):			
Purpose:	•							
Mileage:	Mileage between your home and your regular job cannot be included in mileage reimbursements.					x 0.545 =		
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Travel Dates:	Start:	End:						
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Meals (Per Diem):	When using GSA per diem rates, please include first & last day reductions.					Amount:		
Other Expenses: (Receipts Required)	Description:					Amount:		
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			TO	TAL (r	nileage + me	als + other):		
			•	OUC	HER TOT	AL:		
the GSA website (www.http://www.gsa.gov/prequested. Alcoholic	w.gsa.gov/perdie ortal/content/101 beverages will no	m) for the state of the state o		nd last (ldition	day reducti al items for	ons can be which rein	found here: mbursement is	
I hereby certify that e necessary in the cond	_		re incurred by me on official	busine	ess and incl	ude such ex	xpenses as were	
Signature:	Signature: Date:							
Real or Elec	etronic Signature Requir	ed for Pro	cessing					