



# FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

11812 N. 56th St. • Tampa, Florida 33617 • Office 813.775-6416 • Fax 813.988-5837 Email sarah@fhea.org

## TRAVEL VOUCHER

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_

FACILITY: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 STATE: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization Business/Explain: \_\_\_\_\_

District No: \_\_\_\_\_ Current Office Position: \_\_\_\_\_

### Transportation:

Air \_\_\_\_\_ \$ \_\_\_\_\_  
 Auto \_\_\_\_\_ Mileage @ \_\_\_\_\_ per mile \_\_\_\_\_ \$ \_\_\_\_\_

Hotel Accommodations \$ \_\_\_\_\_

Meals/Food (Details Below) \$ \_\_\_\_\_

Other Expenses (Detail Below) \$ \_\_\_\_\_

(Tolls, Taxi, Parking Fees, Etc.)

TOTAL REIMBURSEMENT: (Attach Receipts) \$ \_\_\_\_\_

MEAL EXPENSE DETAIL				
DATE	BREAKFAST	LUNCH	DINNER	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
OTHER EXPENSE DETAIL				
DATE	REASON			TOTAL
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
	OTHER EXPENSE TOTAL			\$

Signature of Traveler: \_\_\_\_\_

Approved: \_\_\_\_\_

State President

State Secretary or Treasurer

Check No. Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_