FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

11812 N. 56th St. · Tampa, FL 33617 · Office 813-988-3432 · Fax 813-988-5837
Email sarah@fhea.org

TRAVEL VOUCHER

Name: _____ **Phone:** _____
Address: _____
City, ST Zip: _____

Date: _____ **From:** _____ **To:** _____
Date: _____ **From:** _____ **To:** _____

Organization Business/Explain: _____
_____
District No: _____ **Current Office Position:** _____

Expenses (Receipts must be attached)

Transportation
Airfare $ _____
Auto **Total Miles** _____ @ _____ per mile $ _____
Hotel Accommodations $ _____
Meals/Food (Details Below) $ _____
Other Expenses - tolls, taxi, parking, etc. (Details Below) $ _____
Total Reimbursement Requested $ _____

Meal Expense Detail				
DATE	**BREAKFAST**	**LUNCH**	**DINNER**	**TOTAL**
	$	$	$	$
	$	$	$	$
	$	$	$	$

Other Expense Detail		
Date	**Reason**	**Total**
		$
		$
		$
		$
		$
		$
		$
		$
		$
	Other Expense Total	$

Signature of Traveler: _____

Approval: _____ _____
State President **State Secretary or Treasurer**

Check No. Issued: _____ **Date Issued:** _____