



La Societe des Quarante Hommes et Huit Chevaux

250 E 38th Street, Indianapolis, IN 46205



Voyageur Travel expense Form

NAME	TELEPHONE
ADDRESS	EMAIL
CITY, STATE ZIP	COMMITTEE/ PROGRAM
DATES OF TRAVEL: BEGINNING DATE ____/____/____	ENDING DATE ____/____/____
TRAVEL TO / FROM	PURPOSE OF TRAVEL:

NOTE: SUBMIT ONLY ONE EXPENSE FORM PER TRAVEL EVENT, AND MUST BE TURNED IN WITHIN 30 DAYS OF ENDING DATE

<u>EXPENSE</u>	<u>DATES</u>	<u>DETAILS</u>	<u>AMT</u>
<u>Transportation</u>		<input type="checkbox"/> Air <input type="checkbox"/> Taxi	
<u>POV</u>		Mileage ____ X \$0.30	
<u>Lodging</u>		Location _____ Number of nights ____ Cost per night _____	Total Cost _____
<u>Per Diem</u>		Days of Travel ____ X \$35.00	
<u>Other</u>		Purpose	
		Purpose	
		Purpose	
		Purpose	
		Subtotal:	\$
	OPTIONAL	Less AMT donated by Voyageur	(\$)
		Total AMT due to Voyageur	\$

Voyageur Signature: _____ Date: ____/____/____

Approval Signature: _____ Date: ____/____/____

Date Paid: ____/____/____

Please include all receipts and other applicable supporting documentation

Sign and Forward to:
250 E 38th Street, Indianapolis, IN 46205