

La Société des Quarante Hommes et Huit Chevaux





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									
	N	OTE: Submit o	only one	expen	se form per	travel eve	ent		
Expenses		Dates	Details				Amount		
Transportation			□Air	□Taxi	☐Rental car	□Other	\$	-	
			□Air	□Taxi	☐Rental car	□Other			
POV			Mileage	Mileage X \$0.30 =					
Lodging			Location	Location:					
			Location	Location:					
			Location	Location:					
			Location	Location:					
			Location	1:			\$		
Per Diem			Days of	Days of Travel X \$35.00 =					
Other			Purpose	Purpose:					
			Purpose	:			\$		
			Purpose	:			\$		
			Purpose	:			\$		
	_		Subtotal	:			\$		
		OPTIONAL	Less am	ount donate	ed by Voyageur		\$ ()
			Total am	Total amount due Voyageur				•	
Voyageur Sig					Date:		_/		
Approval Sig					Date:		/		
Date Paid:/ Check Number:									

Please include all receipts and other applicable supporting documentation.

Sign and forward to:

250 E. 38th Street, Indianapolis, IN 46205