

TRAVEL VOUCHER OR SUBVOUCHER (Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)				BUREAU VOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.
PAYMENT FOR				PAYMENT DESIRED		PAID BY 01-07-68, T 173 676776 1103 5700 22017
TDY/TAD PER DIEM		TDY/TAD TRAVEL		CHECK <input checked="" type="checkbox"/> CASH <input type="checkbox"/>		
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date. Include amending orders.)						
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Vou No., date received, place paid, or DO Station No. If none, so state.)						
LAST NAME-FIRST NAME-MIDDLE INITIAL (Soundex Code) (Print/Type)				GRADE/RANK	SER.	
CHECK MAILING ADDRESS (Include Zip Code)				DUTY PHONE NO.		
ORGANIZATION AND STATION						

I. ITINERARY (See Reverse for Definition)											II. FOR DO USE ONLY		
DATE 19 61	LOCAL STANDARD TIME (24 Hour Clock)	PLACE (Base, Activity, City and State; City and Country, Etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT QTS			NON-GOVT QTS USED	NUMBER MEALS USED			SPEED-OMETER READING OR MILEAGE	1. COMPUTATIONS
					USED	NOT USED	GOVT		NON-GOVT	OFFICERS OPEN MESS			
7	DEP	1007	IN IFF (L-N)	GH									
	ARR	1007	115 MARV H 2										
8	DEP	1007	115 MARV H 2										
	ARR	1700	115 IFF (L-N)										
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												

III. REIMBURSABLE EXPENSES				AMOUNT CLAIMED	ALLOWED	BAS/COLA ADJ ON MPR
DATE	NATURE AND EXPLANATION					
						BAS/COLA ADJ NOT REQUIRED
						BAS/COLA RATE

IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED				DD 753	OTD
NUMBER	FROM	TO		HIWY	CC

V. CHARGES—BOQ OR NON-GOVT MEALS AND QTS					VI. LEAVE STATEMENT		2. SUMMARY OF PAYMENT	
FROM (Date)	TO (Date)	TYPE	RATE	TOTAL PAID	I was authorized _____ days leave.	_____ days were taken between _____ and _____ inclusive.	PER DIEM (Net Payable)	
							MILEAGE OR TRANSPORTATION ALLOWANCES	
							REIMBURSABLE EXPENSES	
							TOTAL AMOUNT DUE	
							LESS PREVIOUS PAYMENTS (Dropage)	
							AMOUNT CHARGED TO ACCOUNTING CLASS.	
							LESS VOUCHER DEDUCTIONS	

I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.	SIGNATURE OF CLAIMANT AND DATE <i>Robert J. Gerner</i> 7 Dec 61	
---	--	--

ACCOUNTING CLASSIFICATION:			
COLLECTION DATA:			
COMPUTED BY	AUDITED BY	TVL RCRD POSTED BY	RECEIVED (Payee signature & date, or check no.)
AMOUNT PAID			