

**Travel Voucher (TV)
Community Opioid Response Program**



**Community Opioid
Response Program**

Today's Date:	
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Traveler Information		Site Contact Information	
Traveler Name:		Host/Partner Site:	
Home Address:		Host/Partner Site Supervisors:	
		Phone:	
City, State, ZIP:		Email Address:	

Daily Commute Calculation

Trip Information

Destination:	Various
Purpose:	CORP Meetings/Events

Traveler Expenses to be Reimbursed

Date	Description	Mileage			Tolls	Meals	Lodging	Misc	Total
		Dist	Rate	Cost					
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
			\$0.55	\$ -				\$ -	
				\$ -			TOTAL	\$ -	

Explanations / Special Notes

Traveler / Approving Authority Certification & Signature

<p>I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement is claimed was performed by me on CORP business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by CORP Member policies and that I actually incurred or paid the expenses of the motor vehicle for which reimbursement is claimed on a mileage basis.</p>	<p>I further certify that this Travel Voucher does not include any request for reimbursement of alcohol, unless authorized by an attached Official Function form.</p>
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Traveler Signature	Date	Department Authorizing Signature	Date

Attach maps with directions & miles driven, also for parking & meals tape small receipts to standard-size paper