

NARFE Idaho Federation of Chapters						
Travel Voucher						
Name, Print					EVENT	
					LOCATION	
	DATE	DATE	DATE	DATE	DATE	TOTAL
MILES, enter this row	-	-	-	-	-	
TOTAL @ \$.35	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BREAKFAST@\$7						\$ -
LUNCH @ \$8						\$ -
DINNER@ \$15						\$ -
LODGING Max \$75						\$ -
TRANSPORTATION						\$ -
MISC						\$ -
MISC						\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Note: Rates shown are standard rates in accordance with the Idaho Federation standing rules. Please provide reference to decision overriding standard rates if applicable. Please attach receipts.						
COMMENTS: _____						
Signature _____ Phone _____						
Address , Street _____			City _____		Zip _____	
4/20/2019	Approved _____			Date _____		