



MRCOG TRAVEL VOUCHER FOR TRAVEL WITH OVERNIGHT LODGING

For travel with overnight lodging and reimbursement for actual meals, lodging, and other travel expenses incurred (receipts required)

Traveler: \_\_\_\_\_

Fund Number: \_\_\_\_\_

Destination: \_\_\_\_\_

G/L Number(s): \_\_\_\_\_

Business Travel Began	
Date: _____	Time: _____

Business Travel Ended	
Date: _____	Time: _____

**Mileage** (privately-owned automobile)  
\_\_\_\_\_ (miles) × \_\_\_\_\_ (MRCOG approved mileage rate) \$ \_\_\_\_\_

**Airfare**  
Coach class commercial airfare paid by employee \$ \_\_\_\_\_

**Meals**  
Maximum of **\$55.00** per day for in-state and out-of-state travel \$ \_\_\_\_\_

**Meals** (last day of travel)

- a. Less than 2 hours of travel beyond the initial time of departure, max. **none**
- b. 2 hours, but less than 6 hours beyond the initial time of departure, max. **\$18.00**
- c. 6 hours, but less than 12 hours beyond the initial time of departure, max. **\$40.00**
- d. 12 hours or more beyond the initial time of departure, max. **\$55.00** \$ \_\_\_\_\_

**Lodging**  
Single occupancy rate, government rate whenever possible \$ \_\_\_\_\_

**Other Expenses**  
Taxi, transportation fares, parking fees, registration fees, etc. \$ \_\_\_\_\_

**Total Cost of Travel** \$ \_\_\_\_\_

Less Travel Advance (up to 80% of total cost of travel) \$ ( \_\_\_\_\_ )

**Amount Due** to Employee or Public Officer \$ \_\_\_\_\_

Employee/Public Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Approvals:**

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_