American Association of Physicists in Medicine 1631 Prince Street, Alexandria VA 22314-2818 - (571) 298-1300 - accounting@aapm.org

TRAVEL EXPENSE VOUCHER

NAME					PHONE			DATE		
MAIL CHECK TO										
PURPOSE OF TRAVEL (Be specific, include person and/or organization visited and reason for visit or meeting attended										
FOR HQ USE ACCOUNT TO BE CHARTED			DESCRIPT	DESCRIPTION			ACCOUNT NO.			
ITINERARY										
ITEM NO	DESCRIPTION OF ITEM	FROM	FROM	FROM	FROM	FROM	FROM	FROM		
		то	то	то	то	то	то	то		
		DATE	DATE	DATE	DATE	DATE	DATE	DATE		
1A	PERSONAL VEHICLE MILEAGE (BY DAY)									
1B	PERSONAL VEHICLE (MILES X \$0.56)									
2	FARE* AIR/RAIL									
3	VEHICLE RENTAL*									
4	PARKING-TOLLS									
5	CAB FARES									
6	LODGING*									
7	MEALS									
8	TELEPHONE									
9	MISC. ITEMS									
TOTALS >>										
REMARKS (Include item no.)										
					AMOUNTS TO BE ACCOUNTED FOR			D		
I certify that the above charges, incurred by me, are correct and proper.					CASH ADVANCE (+) TOTAL EXPENSES (-)		Check Applicable Box DUE AAPM			
CLAIMANT'S SIGNATURE DATE					BALANCE (+ OR -)			-		
APPROVED BY DATE						DUE CLAIM.			NT	