

<b>SHIBA Volunteer</b> <b>TRAVEL EXPENSE VOUCHER FORM</b> Revised December 2016			<b>Instructions: Please complete areas with text in red.</b> <b>Name and address (check will be made payable and mailed to):</b>						<b>Month/Year of travel (MM/YYYY):</b>				
Office of the Insurance Commissioner		Agency #160		<b>W-9 on file</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unsure, don't know</b>						<b>Phone Number:</b> (     )			
Trip Information			Motor Vehicle			Per Diem (1)			Lodging Costs	Daily Per Diem	Other Travel Costs (3)	Daily TOTAL	Purpose of trip/event(s) attended
Date of Travel (MM/DD/YY)	Departed (location) & (time)	Arrived (location) & (time)	Miles Driven	Mileage reimbursement rate (1)	Daily mileage reimbursement total (miles x rate):	B	L	D					
	Location:	Location:		0.535									
	Time:	Time:		0.535									
	Location:	Location:		0.535									
	Time:	Time:		0.535									
	Location:	Location:		0.535									
	Time:	Time:		0.535									
	Location:	Location:		0.535									
	Time:	Time:		0.535									

**Did you carpool?**  **Yes**  **No** **If yes, did you drive or ride?**  **Drive**  **Ride** **If you drove, who rode with you?** \_\_\_\_\_

<b>Details of other travel costs (3)</b>				For OIC Fiscal Use						Voucher TOTAL		
Date	Paid To	For	Amount	Doc. Date		Current Doc. Date		Vendor Number		Vendor Message		
		<input type="checkbox"/> Ferry <input type="checkbox"/> Toll <input type="checkbox"/> Other		Trans Code	Fund	Appn. Index	Prog. Index	Sub-Object	Sub-Sub-Object	Project Code	Amount	Invoice Number/Memo
		<input type="checkbox"/> Ferry <input type="checkbox"/> Toll <input type="checkbox"/> Other										
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.												
Volunteer Signature			Date									
Program Cost Code	Approved by (SHIBA Program Designee)		Date	Accounting approval for payment					Date	Warrant Total		