

COMMONWEALTH OF THE NORTHERN MARIANA ISLAND
TRAVEL VOUCHER

TRAVEL INFORMATION						
1. NAME		2. TA NO.		<i>DEPT. OF FINANCE USE ONLY</i>		
3. MAILING ADDRESS		4. EMP. NO.		VOUCHER NO.		
		5. HOME PHONE		VENDOR NO.		
		6. DEPARTMENT/ACTIVITY		7. WORK PHONE		APV DATE
8. ITINERARY(SUBMIT SEPARATE SHEET IF NECESSARY)					DOF LOCN CODE	
LOCATION			DATE	TIME		
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9. ITEMIZED EXPENDITURES(ATTACHED RECEIPTS)			AMOUNT	DESCRIPTION	AMOUNT	
<i>ALL THE INFORMATION HERE IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF</i>				<i>DEPT. OF FINANCE USE ONLY</i>		
_____ 10. SIGNATURE OF TRAVELER			_____ DATE		TOTAL PER DIEM EARNED	
					PLUS TOTAL ITEMIZED EXPENDITURES	
_____ 11. SIGNATURE OF DEPARTMENT AGENCY HEAD			_____ DATE		TOTAL EXPENDITURES	
					LESS TOTAL ADVANCE	
_____ 12. SIGNATURE OF APPROVING OFFICER			_____ DATE		NET TO(FROM) TRAVELER:	
T/R TICKET VOUCHER NO.	CHECK NO.	CHECK DATE				
REC'D DOF FIN & ACCTG	ORGN	ACCT	COST CNTR	ENC NO.	PC	AMOUNT
RETURNED TO DEPT						
REC'D DOF FIN & ACCTG	CERTIFIED BY:				DATE	