

## Travel Voucher Questionnaire Work Sheet

Name \_\_\_\_\_

Travel Dates: \_\_\_\_\_

**Please fill out the cost as indicated. If no cost was incurred, please put "N/A" in that section.**

**Transportation to airport:**

Home Zip Code \_\_\_\_\_ Air Port Zip Code \_\_\_\_\_  
Total: \$\_\_\_\_\_.\_\_\_\_\_ Bus Taxi POV

**Hotel Room + Tax: \$\_\_\_\_\_.**

**Miscellaneous Taxi/Bus/Shuttle Fare to/from appointments, if applicable:**

Total: \$\_\_\_\_\_.

**Transportation to airport from hotel/medical clinic, if applicable:**

Total: \$\_\_\_\_\_ Bus Taxi POV

**Transportation to Home:**

Air Port Zip Code \_\_\_\_\_ Home Zip Code \_\_\_\_\_  
Total: \$\_\_\_\_\_ Bus Taxi POV

**Please attach all receipts for lodging and travel. If you are missing receipts or if you have any questions concerning your travel reimbursement; please call Barbara Smith, 301-713-7735**