



TRAVEL VOUCHER / FORM

1. Archive reference number		2. Agency number 554		3. Agency Name TEXAS ANIMAL HEALTH COMMISSION			4. Current document number		
5. Effective date (Agency use)		6. Doc date (First date of travel)		7. DOC agency 554		8. FY		9. Document amount	
10. Pay to:							11. Title		
							12. Designated headquarters		
13. Texas Identification Number				Invoice #		Payment Due Date		Appn	
								Fund	
15. SFX	TC	INDEX	PCA	AY	COBJ	AOBJ	AMOUNT		
001									
002									
003									
004									
005									
006									
007									
008									
009									
010									
16. Service date				17. Description (Agency use only)					
From:				To:					
18. DISTRIBUTION							AMOUNT		
Expense itemization for IN-STATE travel:									
Fares, Public transportation Taxi/Shuttle Air Fare Rental Car									
Personal car mileage Miles @ (Rate set by Legislature)									
Meals and / or lodging									
Parking									
Incidental expenses (itemize)									
Hotel Occupancy Tax State City									
Expense itemization for OUT-OF-STATE travel:									
Fares, Public transportation Taxi/Shuttle Air Fare Rental Car									
Personal car mileage Miles @ (Rate set by Legislature)									
Meals and / or lodging									
Parking									
Incidental expenses (Itemize)									
TOTAL									
19. I certify that the expense account shown above is true, correct, and unpaid.									
Claimant				Date		Supervisor		Date	
sign here ▶						sign here ▶			
20. Contact name					Phone (Area code and number)		21. Audited by		
Agency sign here ▶					Title		Date		
22. Approval									

IN-STATE MEALS AND LODGING												ACTUAL EXPENSE		
a. Leave Headquarters				b. Arrive Headquarters				c. Meals non overnight not to exceed \$36	d. Meals not to exceed \$36	e. Lodging not to exceed \$85	f. TOTAL	g. Meals	h. Lodging	i. Total
Date	Hour	Min.	m	Date	Hour	Min.	m							
TOTAL MEALS NON OVERNIGHT								j.	TOTAL MEALS & LODGING		k.	TOTAL ACTUAL EXPENSE		l.

OUT-OF-STATE MEALS AND LODGING												ACTUAL EXPENSE		
m. Leave Headquarters				n. Arrive Headquarters				o. Meals non overnight not to exceed \$26	p. Meals not to exceed Federal Rate	q. Lodging not to exceed Federal Rate	r. TOTAL	s. Meals	t. Lodging	u. Total
Date	Hour	Min.	m	Date	Hour	Min.	m							
TOTAL MEALS NON OVERNIGHT								v.	TOTAL MEALS & LODGING		w.	TOTAL ACTUAL EXPENSE		x.

In area mileage takes place in rural areas and is related to conducting a search for animals of interest to TAHC regulatory programs. This driving may be required to locate herds/flocks adjacent to exposed herds/flocks. It may also be needed to identify herds/flocks to be registered under a TAHC program.

I authorize all necessary additions and changes to this travel voucher.
I understand that I will be notified if the voucher total is changed.

Signature _____
---- As noted on the following pages, the employee's residence is closer to the duty point than the employee's designated headquarters.
*Show point-to-point breakdown, including intra-city mileage claims