

COVENANT HEALTHCARE TRAVEL EXPENSE VOUCHER

TO BE COMPLETED AND FORWARDED FOR THE APPROVAL OF
DEPARTMENT DIRECTOR AND VP

Name		Department #	
Address		Exp Acct #	
Departure Date		Return Date	
Location of Conference			
Name of Conference			

Registration Address:	Hotel Address:	Flight Itinerary:
\$Amount 0	Confirmation #: \$ Amount	\$Amount

Employee Signature _____ **Date** _____

Director Approval _____ **Date** _____

VP Approval _____ **Date** _____

To be filled out upon returning from conference/Attach all receipts

MEALS: Check one
 Receipts Per Diem

Dates-->						TOTALS
Breakfast						
Lunch						
Dinner						
TOTALS						

Auto-----number of miles _____ **rate** 0.445 _____

Miscellaneous (please itemize and attach) _____

TOTAL EXPENSES _____

Employee Signature _____ **Date** _____

Director Approval _____ **Date** _____

VP Approval _____ **Date** _____