

# TRAVEL EXPENSE VOUCHER

MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET

Type or Print

APPROP. YEAR	MAIN-FACS AGY. NO.	VOUCHER NO.
PAGE/OF	CHECKED	AUDITED

EMPLOYEE NAME	BUSINESS PHONE	MAIN-FACS AGENCY NAME	EMPLOYEE SOC. SEC. #	MAIL
			3 - - -	P01
HOME ADDRESS - STREET		CITY	STATE	ZIP CODE
OFFICIAL WORK STATION CITY & BLDG	PERMANENTLY ASSIGNED STATE	CAR#	TRAVEL ADVANCE <input type="checkbox"/> NONE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	
EFFECTIVE DATE	DUE DATE	INTF	PDT	DMI
BANK ID	TRAVEL AUTH/ADV ID			SUFFIX
CONTACT PERSON	BUSINESS PHONE	NATURE OF OFFICIAL BUSINESS (PURPOSE / DESCRIPTION)		
PERIOD COVERED FROM:			TO:	

INSTRUCTIONS: FOR OUT-OF-STATE TRAVEL, ATTACH AN APPROVED REQUEST FOR OUT-OF-STATE TRAVEL AUTHORIZATION FORM  
 \* MILEAGE - REFER TO DEPARTMENTAL GUIDELINES OR PROCEDURES IN THE USE OF STANDARD OR PREMIUM MILEAGE RATES.  
 \*\* LODGING - INCLUDE TRAVEL AGENT CONFIRMATION NUMBER. SEE TRAVEL AGENT CONFIRMATION NUMBER FIELD AT BOTTOM OF PAGE.

COMMENTS:

DAY OF MONTH	TRAVEL DESCRIPTION-POINT TO POINT (INCLUDE STATE POOL VEHICLE #)	HOUR OF (AM/PM)		* MILEAGE			** LODGING ROOM CHARGES	MEAL AMOUNTS		OTHER EXPENSE AMOUNT	DAILY TOTAL
		DEPART	RETURN	PERS MILES	STD AMT	PREM AMT		OVERNIGHT	NO OVERNIGHT		

**SUMMARY TOTALS**

Number of Input Characters are in Parentheses

INDEX (5)	PCA (5)	AOBJ (4)	GRANT OR PROJECT (6)	PH (2)	AG1 (4)	AG2 (4)	AG3 (6)	AGENCY USE	AMOUNT (\$ or %)

TOTAL (% Must = 100%) →

I certify all the above items of expense were incurred in the discharge of authorized official business and represent proper charges.

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	APPROVAL DATE
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(LODGING) TRAVEL AGENT CONFIRMATION NUMBER(S):

Previous Edition Obsolete  
DMB-23 OFM (Rev. 9/98)

MAKE PHOTOCOPIES FOR: -DEPARTMENT/INSTITUTION  
-EMPLOYEE