



MRCOG TRAVEL VOUCHER FOR TRAVEL WITH NO OVERNIGHT LODGING

For occasional and irregular travel that extends beyond the normal work day and no overnight lodging is required

Traveler: _____

Fund Number: _____

Destination: _____

G/L Number: _____

Actual Departure	
Date:	Time:

Actual Return	
Date:	Time:

Mileage (privately-owned automobile)

_____ (miles) × _____ (MRCOG approved mileage rate) \$ _____

Meals

- a. Less than 2 hours of travel beyond the normal work day, **none**;
 - b. 2 hours, but less than 6 hours beyond the normal work day, **\$18.00**;
 - c. 6 hours, but less than 12 hours beyond the normal work day, **\$40.00**;
 - d. 12 hours or more beyond the normal work day, **\$55.00**
- \$ _____

Total Cost of Travel \$ _____

Employee/Public Officer Signature: _____

Date: _____

Approvals:

Supervisor: _____

Date: _____

Executive Director: _____

Date: _____