No State Car Available

TRAVEL VOUCHER
FOR NON STATE EMPLOYEES
Family Independence Agency

Voucher Number	
Invoice Number	Audited By

INSTRUCTIONS:

- See FIA Administrative Handbook for Policy and Procedures
- See Reverse Side for Non-Discrimination Statement and P.A. 431 Information
- The Payment Warrant will be sent to the address on file in M.A.I.N.

1A. Payee/Vendor Name	2. Agency Number 4 3 1 8 4 5 1 0	3. Checked By	4. Page / of
B. Address	5. Payee Social Security Number	6. Preparer Phone No.	
C. City / D. State / E. Zip Code	7. Period Covered FROM: TO:		

8. Payee Type
☐ C.J.O. (FTR-18) ☐ STUDENT (FTR-18) ☐ CONTRACTUAL (FTR-18) ☒ VOLUNTEER (962-87)

9. Official Work Station City / County: CLINTON TOWNSHIP / MACOMB

10. Message: TRAVEL EXPENSE REIMBURSEMENT

11. Nature of Business Travel: YOUTH MENTOR

12. Day of Month	13. Travel Description (Include State Vehicle No.)	14. Depart.	14. Return	Mileage 15. Stand.	Mileage 16. Prem.	Mileage 17. Dollar Amount	18. Motel or Room	Meals 19. Non-Tax.	Meals 20. Taxable	21. Other Exp.	22. DAILY TOTAL
23. COLUMN TOTAL											

24. VOUCHER TOTAL ▶ $

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

25. Payee Signature	Date	26. Approval / Supervisor Signature	Date

Distribution Method	28. Agency Code	29. Approp. Year	30. Index Code	31. Program Cost Account (PCA)	32. Agency Object Code (AOBJ)	33. Agency Code (AC3)	34. Distribution Code ($ Amount)
27. Distribution Method: ☐ SINGLE ☐ MULTIPLE (Enter Dollar Amounts in Column 34)	431						
	431						
	431						
	431						
NOTE: DO NOT use the coding portion if more than 6 line – Use the Supplemental Coding Record, FIA-0746	431						
	431						

FIA-1582TR (Rev. 7-92)

MAKE PHOTOCOPIES AND SEND TO:
- 2 COPIES TO CENTRAL OFFICE
- 1 COPY FOR YOUR RECORDS

35. TOTALS ▶ $

L-LTR FORMAT