Instructions:																
			г т.			1) Reimbursement is limited to ordinary and necessary business expenses. RFMH Travel Policy must be observed.										
					cner	2) Each trip mu	ust have a stated	purpose and destination listed.								
				2022		3) All receipts, including those on RFMH credit cards, and conference program (if applicable) must be attached.										
Research	Foundat	ion for Mental Hygiene, I	nc. Up	odated 7/	13/22	4) SUBMIT VC	UCHER WITHI	N 2 WEEKS	OF YOUR TI	RIP.						
				NATIONALS					TASK	AWARD	E	EXPENDITURE	TYPE			
			COUNTRY & VISA TYPE								TRV Dom	estic Travel	TRV Foreign Travel			
					ORGANIZATION		TRAVE	ELER IS EMPLOYED BY:		RFMH	NYS	Other				
TRAVELER'S NAME & HOME ADDRESS									Check One →							
			Trip 1 Departur		re Trip 1 Return			Purpose and Destination of Trip 1								
			Date Time		Check One Date		Time	Check One								
				1	AM			AM								
					РМ			РМ								
			<u> </u>	L		-		FIN								
L			Trip 2 Departure			Trip 2 Return			Purpose and Destination of Trip 2							
V	Vork Unit	and Location	Date	Time	Check One	e Date	Time	Check One								
					AM			AM								
					РМ			PM								
	1		<u> </u>	L		· · ·					1	1				
DATE	TRIP #			SES and MODE	i of	Personal Car Miles	Mileage Rate	LODGING	FARES	TOLLS	MEALS &	OTHER	TOTAL			
			RANSPORTA			our miles					INC EXP *		-			
							1						_			
* Meals and	Incidenta	l Expenses (M&IF) are li	mited to the l	Per Diem Rate	s for the loca	Intion of travel put	l		1	1	<u>I</u> тот	AL EXPENSES	5			
US General	* Meals and Incidental Expenses (M&IE) are limited to the Per Diem Rates for the location of travel published by the US General Services Administration (GSA). For the first and last day of travel M&IE's are limited to 75% of the Per									LESS CASH ADVANCE or AMOUNT CHARGED						
Diem. For day travel, travelers are entitled to 75% of Per Diem if you are away from your official work station for more than 12 hours. If the trip includes meals paid by another source (eg. Conference Reg Fee) then you will need to								TO REMIT CREDIT CARD <u>FROM FAGE 2</u>								
deduct those amounts form your voucher using the MI&E Breakd				Breakdown or	down on the GSA Site.			NET BALAN	NET BALANCE DUE TO: [] RFMH [] TRAVELER							
For Business Office Use									TRAVELER'	TRAVELER'S SIGNATURE						
				1	For Controllers Office Use											
<u> </u>								DATE	APPROVAL	APPROVAL SIGNATURE						
<u> </u>				<u>.</u>				1	Print							
									Approver's Name							

REPART Foundation for Mental Hygiene, Inc.								
Cash Advance Amount								
Description List Items Charged to Cred	Date	Amount						
	Total							