						Instructions:	structions:								
			7 7 .	avel Vou		1) Reimbursement is limited to ordinary and necessary business expenses. RFMH Travel Policy must be observed.									
					cner	2) Each trip must have a stated purpose and destination listed.									
				2023	3) All receipts, including those on RFMH credit cards, and conference program (if applicable) must be atta								be attached.		
Research	Foundat	ion for Mental Hygiene, I	inc.			4) SUBMIT VC	UCHER WITHI	N 2 WEEKS	OF YOUR TI	RIP.	0				
SOCIAL SECURITY NO. (Last 4 digits only) FOREIGN				NATIONALS LOCAL ACCOUNT				PROJECT	TASK	AWARD	EXPENDITURE TYPE				
		(U)/	COUNTRY & VISA TYPE		2007/27/0000111				,,			TRV Foreign Travel			
			SCONTRY & NOA TIFE		ORGANIZATION		TRAVE	LER IS EMPL	OYED BY	RFMH	NYS	Other			
TRAVELER'S NAME & HOME ADDRESS						ORGANIZATION		Check One →			1110	Ounci			
			-	Trip 1 Departure		e Trip 1 Return			Purpose and Destination of Tri			on of Trin 1			
			Date Time		Check One Date Time		Check One		i uipose	e and Destinati					
			Date	Time	AM	e Date	Time	AM	-						
								AW							
					PM			PM							
			Trip 2 Departure			-		Purpose and Destination of Trip 2							
v	Vork Unit	and Location			Check On	Trip 2 Return e Date Time		Check One							
					AM			AM	1						
					PM			PM							
	1	DESCRIPTION				Personal	Mileage Rate			1	MENIOS				
DATE	TRIP #		N OF EXPENS	SES and MODE	= 01	Car Miles	whiteage Nate	LODGING	FARES	TOLLS	MEALS & INC EXP *	OTHER	TOTAL		
		I	KANSFURIA								INC EAP				
													-		
		I Expenses (M&IE) are li				•	•			•	TOT		S		
Diem. For da	US General Services Administration (GSA). For the first and last day of travel M&IE's are limited to 75% of the Per Diem. For day travel, travelers are entitled to 75% of Per Diem if you are away from your official work station for more									LESS CASH ADVANCE or AMOUNT CHARGED TO RFMH CREDIT CARD FROM PAGE 2					
than 12 hours. If the trip includes meals paid by another source (eg. Conference Re deduct those amounts form your voucher using the MI&E Breakdown on the GSA S						NET BALAN	NET BALANCE DUE TO: [] RFMH [] TRAVELER								
								DATE	TRAVELER'S SIGNATURE						
For Business Office Use				For Controllers Office Use											
				1				DATE	APPROVAL SIGNATURE						
 									Drint						
								Print Approver's Name							

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