Resear	H ch Foundation for M	ental Hygiene, Inc.	Travel Vouch 2025	 2) The trip must have a stated purpose and destination listed. 3) All receipts, including those on RFMH credit cards, and conference program (if applicable) must be attached. 							
TRAVELER'S NAME			FOREIGN NATIONALS COUNTRY & VISA TYPE	LOCAL ACCOUNT		PROJECT	TASK	AWARD		EXPENDITURE TYI	
			COUNTRY & VISA I TPE	SOC. SEC. NO. (Last 4 digits only)		0	RGANIZATIO	N	TRV Domestic		RV Foreign Travel
				xxx-xx-							TR
TRAVELER'S HOME ADDRESS			Tra	aveler Employ	ed By:	Desti	Destination of Trip including City and State [and Country if F			Country if Foreign	Travel]
			Check One								
			Trip Departure		Trip Return		Purpose of Trip				
Official Work Unit and Location			Date Tim	me AM	Date Time						
CFR-Conf Reg * Er		nter Conference Name with dates		Conference Amoun	Personal Car Miles		# of Miles	x IRS Mileag	e Rate 0.70		
DATE	Expend Type	DESC	CRIPTION OF EXPENSES	and MODE of 1	TRANSPORTATION	LODGING	FARES	TOLLS	M & IE *	OTHER	TOTAL
* Conform	Conference registration can only be categorized as TRV if allowed by the award, otherwise expenditure type CFR is used.										
* Conference registration can only be categorized as TRV if allowed by the award, otherwise expenditure type CFR is used. Meals and Incidentals (M&IE) are limited to per diem rates for the destination of travel published by the US General Services									OUNT CHARGED		
				Office of Allowances (OA - international). If the trip includes then deduct from the M&IE calculation using the detailed				TO RFMH CREDIT CARD FROM PAGE 2			
breakdow	breakdown available on the GSA and OA sites. Further guidance for travel allowances is defined in the RFMH Travel Policy.										
-	/ments to NYS, dress for paymer	nt.									
	ER'S SIGNATU		Is	R'S SIGNATURE	PRINCIPAL INVESTIGATOR/DESIGNEE SIG			SIGNEE SIGNATI	URE		
PRINT NAME DATE			DATE P	PRINT NAME		DATE	PRIN	IT NAME			DATE
Internal Use Only					Page 1	of 2	•				-

Cash Advance Amount from RFMH [if applicable] \$								
	st Items Charged to RFMH C							
Description		Date	Amount					
Total								

Enter <u>only</u> charges paid by RFMH [RFMH issued Travel Card or Corporate Account]. Any charges on your personal credit card should be listed on page 1.