

California Wing Form 8 – Travel Voucher

1A. E-MAIL ADDRESS		1B. Date		
2. NAME (LAST, FIRST, MIDDLE INITIAL)				
3A. ADDRESS NUMBER AND STREET		B. CITY	C. STATE	D. ZIP
4. TELEPHONE NUMBER (INCLUDE AREA CODE)		5. UNIT		
6. PURPOSE OF TRAVEL		7. PREVIOUS PAYMENTS / ADVANCES		
8. ITINERARY				
A. DATE (DD Mmm YY)		B. PLACE (CITY & STATE)	C. MEANS OF TRAVEL	D. REASON FOR STOP
DEP				
ARR				
DEP				
ARR				
DEP				
ARR				
DEP				
ARR				
				Total POV Miles:
9. NUMBER OF MEALS PROVIDED:		A. BREAKFAST:	B. LUNCH:	C. DINNER:
10. EXPENSES				
A. DATE (DD Mmm YY)		B. EXPENSE DESCRIPTION (e.g. airfare, lodging etc)	C. AMOUNT	D. PAYMENT METHOD (Cash/Wing Credit Card)
				Total Expenses:
11. BUSINESS TELEPHONE EXPENSE		12. INTERNET EXPENSE		TOTAL:
13A. CLAIMANT SIGNATURE			13B. DATE	
14A. APPROVAL (Member of the Finance Committee)			14B. DATE	
<p><i>Attach All Receipts and a copy of the Finance Committee Minutes or the Wing Commander's approval for the travel. Forward package by scanned e-Mail attachment to FMA@cawg.cap.gov</i></p>				