# CLM Internship Travel Voucher

Traveler (Payee)

| | | |
|---|---|---|
| (1) | Name *(Last, first, middle initial):* | Mailing Address *(including ZIP Code):* |
| | Federal Agency, City, State: | |

| | | | | |
|---|---|---|---|---|
| (2) | Travel Description *(Departure/arrival city etc.):* | | | |
| (3) | Dates of Travel | From: | To: | **Amount** |
| (4) | Per Diem | Rate per day: | x # Days = | |

(5) Expenses *(Mileage @ $0.50 per mile, Lodging, other, etc. **All receipts required to be reimbursed for these expenses)*

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**Attach Original ITEMIZED Receipts as Required**

(6) **Total Expenses**

| | | |
|---|---|---|
| (7a) | Expenses (4+6) | |
| (7b) | Less Travel Advance | |
| (7c) | **Total Due (7a-7b):** | $ . |
| | + Employee/ - From Employee (Check attached payable to CBG) | |

(8) Signatures Required

*Intern* *date* | *Mentor* *date* | *Chicago Botanic Garden* *date*

*Acct # (for CLM Office use only)*