

DCTD TRAVEL VOUCHER ROUTE SLIP

***Voucher should be completed within 5 days of the trip return date**
****Quarterly Submission for Local Vouchers**

Traveler Name: _____
Travel Voucher #: _____
Destination: _____
Dates of Travel: _____

TO:	Initial	Date
1. Travel Planner:		
2. Traveler: (E-Certified)		
3. Traveler's Supervisor (<i>Local only</i>):		
4. Administrative Officer:		

COMMENTS: