

Travel Expense Voucher Northeast Colorado RETAC					
Today's Date:		Destination:	Receipts Included?	(Y) (N) <input type="checkbox"/>	
Traveler Name:			Departure Date		
Address:			Return Date		
City, State, ZIP:			# of Travelers		
			Mode of Transportation:		
	Mileage To	Mileage From	Mileage Rate .42 x mile	Total Miles	Total To Be Reimbursed
Meals/Lodging, You Must Include Receipts! and Please Total Columns					
	Breakfast	Lunch	Dinner	Lodging	
Day one					
Day two					
Totals	1				
Totals Meals/Lodging/Mileage					
TRAVELER CERTIFICATION: I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement is claimed was performed by me on State business and that no claims are included for expense of a personal or political nature or for any other expense not authorized by the attached Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed.					
Traveler Signature		Date	Sponsored Programs (if necessary)		
NCRETAC Authorizing Signature		Date	Other (if necessary)		

Please Fill in and return to ncretac@ncretac.org
(include Receipts)