

STATE OF IDAHO - STARS
TRAVEL EXPENSE VOUCHER

(Use the EXPDISB form to record fiscal coding for STARS data entry)

CLAIMANT INFORMATION

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE
CLAIMANT'S NAME		VENDOR NO.	OFFICIAL HOME STATION	
PERSONAL VEHICLE LICENSE NUMBER		STATE VEHICLE LICENSE NUMBER		
PURPOSE OF TRAVEL				

TRAVEL DETAIL INFORMATION

FROM CITY		DEPARTED DATE		DEPARTED TIME		
TO CITY/ST		ARRIVED DATE		ARRIVED TIME		
MEETING DATES/TIMES						
DATE	TOTAL MEALS ALLOWED	P-CARD MEALS TO DEDUCT	LODGING	P-CARD LODGING TO DEDUCT	PERSONAL VEHICLE MILES DRIVEN	COMMENTS
TOTALS						

MODE OF TRAVEL

MODE OF TRAVEL	AMOUNT	P-CARD AMT TO DEDUCT	COMMENTS	MISC	AMOUNT	P-CARD AMT TO DEDUCT	COMMENTS
PRIVATE VEHICLE				OTHER			
COMM AIRFARE				OTHER			
TRAIN, BUS				OTHER			
TAXI				OTHER			
OTHER				OTHER			
OTHER				OTHER			
TOTAL				TOTAL			

TOTALS / SIGNATURES

TOTALS of Columns 1 through 8		
Less Rotary/P-Card Advance		Rotary Adv #
TOTAL (+) Due to Employee, (-) Due to Agency		
Third-Party reimbursement is coming from:		
I hereby certify that the information in this voucher is correct and just. CLAIMANT SIGNATURE:		
I hereby certify that the travel was performed under competent orders, for the purpose for which it was undertaken, and that it was necessary in the public service. AGENCY APPROVAL:		