Form: 319.xls

CITY AND COUNTY OF SAN FRANCISCO

TRAVEL EXPENSE VOUCHER

TRANSMIT ORIGINAL COPY TO CONTROLLER (WITH REQUIRED RECEIPTS ATTACHED)

DEPT: _____ DATE: _____

DIVISION: _____ TRIP TO: _____

PURPOSE: _____ TRIP DATE: _____

DATE	RECEIPTS REQUIRED					PER DIEM	OTHERS	TOTAL
	DESCRIPTION	REGISTRATION FEE	HOTEL	AIRFARE/ AUTO	MEALS			
								-
								-
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								-
								-
TOTALS		$ -	$ -	$ -	$ -	$ -	$ -	$ -

DATE:	ADVANCE DOCUMENT NO.: TT#	PR#	AMOUNT ADVANCED	
		REFUND [ ] CR#		
		AMOUNT DUE [ ]		$ -

CERTIFICATION is hereby made that expenditures claimed hereon are true and correct, and were incurred according to law and in connection with official business of the City and County of San Francisco.

DEPT. HEAD APPROVAL: _____ EMPLOYEE SIGNATURE: _____

Print Dept. Head Name: _____ Print Employee Name: _____

COMPLETE SECTION BELOW FOR DEPARTMENT ACCOUNTING INFORMATION:

INDEX CODE:	SUBOBJECT:	PROJECT OR GRANT:	PRJ OR GRNT DTL:	
LEGALITY VERIFIED:	ORDINANCE NO.		RESOLUTION NO.	
APPROVED FOR PAYMENT:	BD. OR COMMISSION RES. NO.:		AUTHORITY:	

Rev. 03/10/05 pc