AUDUBON AREA COMMUNITY SERVICES, INC.

Page ____ of ___

LOCAL TRAVEL VOUCHER

MONTH OF _____ 20 _____ County/Center _____

Personal Automobile _____ (Printed Owners Name _____) Government Vehicle _____ (Vehicle ID Number _____)

DATE	DEPARTURE	DESTINATION	TIME	SR OUT	SR IN	MILES	CHARGE	EXPLANATIONFOR TRAVEL
			-					
			-					
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			-					
PAGE TOTALS	XXX	XXX	XXX	XXX	XXX			XXXXXXXXXXXXXXXXXXX
CUMMULATIVE TOTALS	XXX	XXX	XXX	XXX	XXX			XXXXXXXXXXXXXXXXXXX

I certify the above to be true and correct. All charges are for _____ and related business only.

APPROVED _____ PA# _____ SIGNED_____POSITION_____