



Granville Academy Northern Virginia Affiliate Travel Authorization and Expense Voucher

TRAVELER INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX#: _____

E-MAIL ADDR: _____ Tax ID No. _____

PURPOSE OF TRAVEL

EVENT: _____ LOCATION: _____

VENDOR: _____ VENDOR WEB SITE: _____

EVENT START DATE: _____ TIME: _____ END DATE: _____ TIME: _____

TRAVEL DATE: _____ TIME: _____ RETURN: _____ TIME: _____

DATE	REGISTRATION	TRAVEL	LODGING	MILEAGE	TOLLS	MEALS	OTHER	TOTAL COST
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
TOTAL								\$ -

Signature of Traveler: _____

Date: _____

Signature of President: _____

Date: _____

Signature of Treasurer: _____

Date: _____