Boards Support Travel Documentation Form

TO BE COMPLETED BY TRAVELER							
FULL LEGAL NAME (As it appears on Gov	EMAIL ADDI	RESS	PHONE NUMBER				
P.O. BOX OR STREET ADDRESS		CITY S1			STATE	ZIP CODE	
PURPOSE OF TRIP							1
HOW DID YOU TRAVEL? Please chec	k all that app	oly.					
	nal Vehicle	_	mobile		ATV		Other:
	f-1-1-1-	☐ Boat			Aircraft		
	/ehicle				Aircrait		
IF PERSONAL VEHICLE USED, PROVIDE B	EGINNING AN	D ENDING MI	EAGE				
Starting Mileage: Ending Mileage:							
LEG OF TRAVEL TO MEETING RESIDENCE/DEPARTURE LOCATION:	DATE	DATE: MEETING LOCATION:				TIME ARRIVED:	
RESIDENCE/DEPARTORE LOCATION.	DEPARTURE	DEPARTURE DATE: MEETING LOCATION:					TIIVIE ARRIVED.
	TIME:		1				
LEG OF TRAVEL FROM MEETING	THIVIE:						
MEETING LOCATION:	DEPARTURE DATE: RESIDENCE:					TIME ARRIVED:	
			-				
INCORTANITY DI CONTINUE DI	TIME:		1		h	. 15 16	
IMPORTANT** Please provide original receipts for all associated travel expenses including, but not limited to:							
Original and ALL corresponding changes to itinerary Boarding Passes Hotel Receipt (no tax)							
Transportation (eg: gas, taxi, public			:				
**To receive proper reimbursement you MUST provide all receipts and itinerary paperwork from your trip							
F							
Per Diem Advance Log		the the constant	-1				
By signing you are accepting this tra- received if travel is shortened due to			•	_			
issued at this time per AAM 60.070.							
,	•		vel.		•		,
☐ Amount \$		☐ See at	tached		N/A		
							_
TRAVELER SIGNATURE AND DATE							
Name:						Date:	