

Information Needed for Travel Vouchers

Please print.

Name: _____

Home Address: _____

Social Security # _____

Drove from: (City) _____ To: (City) _____

Total Estimated Mileage (Roundtrip): _____

Date and time leaving home: _____

Date and time arriving home: _____

If you travel the turnpike, please get a receipt for the turnpike toll and sign your name on the turnpike receipt. The receipts will be turned in with the travel expense voucher for reimbursement.

If you use a K-Tag, please list your turnpike entrance and turnpike exit numbers. _____

- *By checking this box I am verifying that I left paid employment to perform my duties as a volunteer team member for CDDO reviews and wish to claim \$45.00 per day for ____ day/s to offset my lost wages.

- I understand that during the CDDO review, I will have access to confidential information, including medical information, and agree that I will not discuss this information outside the scope of the CDDO review. I understand that no documents used in this review may be removed from the CDDO premises without written consent. I agree to comply with all applicable laws and regulations regarding confidential and/or medical information.

Signature: _____

Date: _____

_____ SRS Authorizing Signature: _____

* Applies to parents, guardians, persons served and interested community members but not to CDDO, SRS or CSP staff.