SANTA FE COLLEGE

IN-DISTRICT TRAVEL VOUCHER

Finance Office Use Only

Name _____ **Today's Date** _____

SF ID # _____

Department Number _____ **Month of Travel** _____

Date	Origin	Destination	Purpose of Trip	Total Mileage

This is to certify that I have traveled on official business for Santa Fe College and that this mileage was necessary for performance of my duties in the position of _____

Signature (Traveler) **Phone # / Extension**

Total Number of Miles 0.0

X Rate per mile 0.445

Approved **Phone # / Extension**

(Budget Signature Authority or Cabinet Member)

Total Check Amount $0.00

Revised 3/2010