

DEPARTMENT OF TRANSPORTATION ITEMIZATION OF ACTUAL SUBSISTENCE EXPENSES (While Occupying Temporary Quarters)							EMPLOYEE'S NAME	TRAVEL ORDER NO.	DATE OF T.O.			
ACTUAL SUBSISTENCE EXPENSE								ALLOWABLE AMOUNT		AMOUNT CLAIMED		
1st Ten Days	DAY	DATE (Year)	<sup>1</sup> LODGING	MEALS	FEES & TIPS	<sup>2</sup> LAUNDRY	2 CLEANING & PRESSING CLOTHES	TOTAL	TOTAL MAXIMUM ALLOWABLE FOR FIRST TEN DAY PERIOD		(SMALLER BETWEEN ACTUAL AND ALLOWABLE)  1st Ten Day Period	
	1st								0.00	Employee _____ days @ _____ = 0.00  _____ Dependent(s) _____ days @ _____ = 0.00		TOTAL 0.00
	2nd								0.00			
	3rd								0.00			
	4th								0.00			
	5th								0.00			
	6th								0.00			
	7th								0.00			
	8th								0.00			
	9th								0.00			
	10th								0.00			
<b>TOTAL FIRST TEN DAY COSTS</b> →								0.00		0.00		
2nd Ten Days	11th							0.00	TOTAL MAXIMUM ALLOWABLE FOR SECOND TEN DAY PERIOD  Employee _____ days @ _____ = 0.00  _____ Dependent(s) _____ days @ _____ = 0.00	TOTAL 0.00	2nd Ten Day Period	
	12th							0.00				
	13th							0.00				
	14th							0.00				
	15th							0.00				
	16th							0.00				
	17th							0.00				
	18th							0.00				
	19th							0.00				
	20th							0.00				
	<b>TOTAL SECOND TEN DAY COSTS</b> →								0.00		0.00	
3rd Ten Days	21st							0.00	TOTAL MAXIMUM ALLOWABLE FOR THIRD TEN DAY PERIOD  Employee _____ days @ _____ = 0.00  _____ Dependent(s) _____ days @ _____ = 0.00	TOTAL 0.00	3rd Ten Day Period	
	22nd							0.00				
	23rd							0.00				
	24th							0.00				
	25th							0.00				
	26th							0.00				
	27th							0.00				
	28th							0.00				
	29th							0.00				
	30th							0.00				
	<b>TOTAL THIRD TEN DAY COSTS</b> →								0.00		0.00	
<sup>1</sup> Actual lodging receipts must be attached <sup>2</sup> Receipts must be attached (Except when coin operated machines are used).								<b>TOTAL AMOUNT CLAIMED</b>		▶		
								(AMOUNT TO BE ENTERED ON VOUCHER)			0.00	