TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE 2 OF 2 PAGES

4. NAME *(Last, First, Middle Initial) (Print or type)*
Marine I am

15. ITINERARY

3. FOR D.O. USE ONLY

a. DATE 2015		b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
11/13	DEP	Stuttgart Germany Airport	CA			
11/13	ARR	Home, Nachtigallenweg 12		MC		
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18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS