

Science and Technology Center in Ukraine

Local Travel Settlement Voucher

1. Travel Authorization Number _____
(take the number from the Request for Advance Pay)

2. Project No. or Admin. Travel _____

3. Name _____

4. Itinerary

| Date | Time | Departure/Arrival | Mode |
|------|------|-------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. Reimbursable Expenses *STCU Bank transfer Rate:*

| Support Doc. No. | Date | Nature of Expense | Actual Amount | Amount in USD |
|------------------|------|-------------------|---------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |

6. Reconciliation/Settlement

| Nature of Expense | USD |
|--------------------------|-----|
| Transportation | |
| Lodging | |
| M&IE | |
| Other | |
| Total(a): | |
| | |
| Paid Advance(b): | |
| Balance Due(a-b): | |

7. Requester's signature _____ Date _____

8. Checked by Financial Officer _____ Date _____