

VOUCHER DIFFERENCE STATEMENT (TRAVEL)

FINANCE OFFICE AND ADDRESS:	DATE
	TRAVEL ORDER NUMBER
	TRAVEL OR OTHER CLAIM PERIOD
PAYEE'S NAME:	BUREAU CODE/ORGANIZATION INFORMATION
	AMOUNT CLAIMED \$
	AMOUNT APPROVED \$
AUDITED BY:	AMOUNT DEDUCTED \$

THE AMOUNT DEDUCTED WAS WITHHELD FOR THE REASONS STATED BELOW. (This notice should accompany any reclaim for amount deducted. Explain clearly basis for reclaim.)

Auditor Comments:

SIGNATURE OF TRAVELER	TITLE	DATE
SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE