White: Accounts Payable Canary: Department Pink: Employee



TRAVEL EXPENSE VOUCHER

NAME:			Processe						3y:									
Department:			Date Paid:															
Banner Org. Number			Check#: Voucher#:															
banner Org. Number			- 															
PURPOSE AND PLACE OF T	RAVEL:																	
MEALS AND LODGING (ATTACH RECEIPTS)																		
DATE																	TOTAL	
DEPARTURE TIME																		
ARRIVAL TIME																		
BREAKFAST																		
LUNCH																		
DINNER																		
LODGING																		
	TOTAL MEALS AND LODGING																	
TRAVEL BY PERSONAL VEHI	CLE																	
DATE	ATE		FROM				то				MILES							
TOTAL MILES														X RATE				
RAVEL BY PUBLIC CARRIER (ATTACH RECEIPTS)																		
DATE	FR	ОМ				то				MODE			TI CKET AMOUNT					
	TOTAL TRAVEL BY PUBLIC CARRIER																	
OTHER EXPENSES (ATTACH	RECEIPTS)																	
ITEM	DATE			PLACE WHERE EXPENSES OCCURRED												JNT		
REGISTRATION FEES	'RATION FEES																	
TELEPHONE																		
TAXI/LIMOUSINE																		
PARKING/TOLLS																		
CAR RENTAL	-																	
OTHER OTHER																		
														TOTAL	OTHER EXI	PENSES		
TOTAL ADVANCE FOR THIS	TRIP		•															
AMOUNT		CHECK NUMBER REMITTAN								VOUCHER I	NO.							
EMPLOYEE SIGNATURE																		
CHECK CATEGORY OF TRAVEL						LIVIF LOTEE SIGNATURE								TOTAL EXPENSES				
OUT OF STATE						IDENTIFICATION # SURTR									CT ADVANCE			
GROUPTRAVEL																		
CONFERENCE CONV	DATE COMPLETED								REIMBURSEMENT (REFUND)									
CONTENENCE CONT																		
									,	II ''	C: ·					Dete		
Supervisor's Signature Date Dept. Head Signature Date Date																		
OSP/Title III/Private Gran	ntc				Date				Bu	dget Offi	cer				Da	te		