

White: Accounts Payable
Canary: Department
Pink: Employee



MISSISSIPPI VALLEY STATE UNIVERSITY™

TRAVEL EXPENSE VOUCHER

NAME: _____

Department: _____

Banner Org. Number: _____

Processed By: _____

Date Paid: _____

Check#: _____

Voucher#: _____

PURPOSE AND PLACE OF TRAVEL:															
MEALS AND LODGING (ATTACH RECEIPTS)															
DATE															TOTAL
DEPARTURE TIME															
ARRIVAL TIME															
BREAKFAST															
LUNCH															
DINNER															
LODGING															
TOTAL MEALS AND LODGING															

TRAVEL BY PERSONAL VEHICLE

DATE	FROM	TO	MILES		
TOTAL MILES				X RATE	

TRAVEL BY PUBLIC CARRIER (ATTACH RECEIPTS)

DATE	FROM	TO	MODE	TICKET AMOUNT	
TOTAL TRAVEL BY PUBLIC CARRIER					

OTHER EXPENSES (ATTACH RECEIPTS)

ITEM	DATE	PLACE WHERE EXPENSES OCCURRED	AMOUNT	
REGISTRATION FEES				
TELEPHONE				
TAXI/LIMOUSINE				
PARKING/TOLLS				
CAR RENTAL				
OTHER				
TOTAL OTHER EXPENSES				

TOTAL ADVANCE FOR THIS TRIP

AMOUNT	DATE	CHECK NUMBER	REMITTANCE VOUCHER NO.
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CHECK CATEGORY OF TRAVEL <input type="checkbox"/> IN STATE OFFICIAL <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> GROUP TRAVEL <input type="checkbox"/> CONFERENCE CONVENTIONS, MEETINGS	EMPLOYEE SIGNATURE	TOTAL EXPENSES SUBTRACT ADVANCE REIMBURSEMENT (REFUND)
	IDENTIFICATION #	
	DATE COMPLETED _____	

Supervisor's Signature _____ Date _____

Dept. Head Signature _____ Date _____

OSP/Title III Private Grants _____ Date _____

(If Different than Supv.)
Budget Officer _____ Date _____