

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.

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 _____
 (If Different than Supv.)

OSP/Title III/Private Grants _____ Date _____

Budget Officer _____ Date _____