

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:												
<b>MEALS AND LODGING (ATTACH RECEIPTS)</b>												
DATE												TOTAL
DEPARTURE TIME												
ARRIVAL TIME												
BREAKFAST												
LUNCH												
DINNER												
LODGING												
TOTAL MEALS AND LODGING												

<b>TRAVEL BY PERSONAL VEHICLE</b>				
DATE	FROM	TO	MILES	
TOTAL MILES				X RATE

<b>TRAVEL BY PUBLIC CARRIER (ATTACH RECEIPTS)</b>				
DATE	FROM	TO	MODE	TICKET AMOUNT
TOTAL TRAVEL BY PUBLIC CARRIER				

<b>OTHER EXPENSES (ATTACH RECEIPTS)</b>			
ITEM	DATE	PLACE WHERE EXPENSES OCCURRED	AMOUNT
REGISTRATION FEES			
TELEPHONE			
TAXI/LIMOUSINE			
PARKING/TOLLS			
CAR RENTAL			
OTHER			
TOTAL OTHER EXPENSES			

<b>TOTAL ADVANCE FOR THIS TRIP</b>			
AMOUNT	DATE	CHECK NUMBER	REMITTANCE VOUCHER NO.

<b>CHECK CATEGORY OF TRAVEL</b> <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	<b>TOTAL EXPENSES</b>  <b>SUBTRACT ADVANCE</b>  <b>REIMBURSEMENT (REFUND)</b>
	IDENTIFICATION #	
	DATE COMPLETED	

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (If Different than Supv.)  
 OSP/Title III Private Grants \_\_\_\_\_ Date \_\_\_\_\_ Budget Officer \_\_\_\_\_ Date \_\_\_\_\_