TRAVEL EXPENSE VOUCHER

DATE _____

NAME _____ **EMPLOYEE ID #** _____

STREET _____ **DEPARTMENT** _____

CITY _____ **STATE** _____ **ZIP** _____

PURPOSE OF TRIP _____

DATE	ITEMS (In Detail)	TRANSPORTATION			SUBSISTENCE				OTHER MEALS (Specify)		SUNDRIES (Explain Fully)	
		AUTO Miles	OTHER (Specify)		HOTEL		MEALS					
TOTALS	MILES_____ @_____											
									GRAND TOTAL			

I HEREBY CERTIFY THAT THE TRAVEL AND EXPENSE INDICATED HEREON, WAS ACCOMPLISHED IN THE PERFORMANCE OF OFFICIAL DUTIES PURSUANT TO TRAVEL AUTHORITY GRANTED ME.

_____

APPROVED

_____

DEPT. HEAD/PROJECT DIRECTOR

_____ _____

BUDGET ACCOUNTS PAYABLE

FILL IN BELOW THE FOAPALS TO BE CHARGED					
Index #	Fund #	Org #	Account #	Program #	Amount