



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 _____ @ .45 =							
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. _____
SIGNATURE OF CLAIMANT

APPROVED

Dept. Head/Project Director

_____ BUDGET _____ ACCOUNTS PAYABLE

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

Please note: Meals included as a part of the registration fee are deducted from the per diem payment