

TRAVEL EXPENSE VOUCHER

Travel Ref. No. _____

Account No.: Index _____ Fund _____ Org _____ Prog _____ Acct _____

Social Security No. _____ Date (MM/DD/YY) _____

Name _____ Department Charged _____

Purpose of Trip _____

Destination _____

Date of Departure (MM/DD/YY) _____ Time of Departure _____ AM/PM

Date of Return (MM/DD/YY) _____ Time of Departure _____ AM/PM

PUBLIC TRANSPORTATION (Attach Ticket Stubs)

Plane, Train, Bus (Circle Mode Used)..... \$ _____

Taxi and/or Limousine (Attach Receipts)..... _____

Rented Car (Attach Receipts) **(MUST BE APPROVED PRIOR TO TRIP)**..... _____

Personal Automobile (If Authorized)
(NOTE: Personal automobile authorized at \$0.27 per mile if total cost does not exceed cost of coach-rate airplane fare.)
ODOMETER READING:

	Beginning	Ending	Miles Driven	
Departure	_____	_____	_____	
Return	_____	_____	_____	Total _____ @ \$0.27/mile

Hotels (Attach Itemized Receipt)..... _____

Meals (Attach Receipts)..... _____

Gratuities (Itemize) _____

Other (Itemize) _____

Total Expenses..... \$ _____

Less Advance, if any..... _____

Amount to be Refunded..... \$ _____

Amount to be Returned..... \$ _____

Signature _____ Date Signed _____

Approved _____ Title _____

Budget Executive (only if refund is requested)

SUBMIT TO BUSINESS OFFICE WITHIN 48 HOURS AFTER COMPLETION OF TRIP.

FOR BUSINESS OFFICE USE

Approval of Refund:	Amount Advanced	\$ _____
Budget _____	Expenses	\$ _____
Amount _____	Amount Refunded	\$ _____
Treasurer _____	Amount Returned	\$ _____
Date _____		
	_____	_____
	Budget Officer	Treasurer