

## Travel Expense Voucher

Department \_\_\_\_\_ Date \_\_\_\_\_

Pay to \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Destination \_\_\_\_\_ Mtg/Conf. dates \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_

Note: Attach all receipts for commercial transportation, hotel, conference, and any miscellaneous items.

The payee hereby certifies that no expense is claimed for which reimbursement and/or honorarium has been received from another agency unless such reimbursement and/or honorarium has been transmitted to the University by the recipient.

Click on the following link for Per Diem rates: [http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA\\_BASIC](http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC)

### Points of Travel

Description of Expense	Amount
Registration Fee (if not prepaid)	
Hotel	
Phone	
Parking	
Taxi / Shuttle	
Mileage**	
Misc (Please Detail)	
<b>Total:</b>	

### Meals & Incidentals

Date	Daily Per Diem
Day 1 75% Per Diem	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	
Day 8	
Last Day 75% Per Diem	
<b>Total:</b>	

\*\*All individuals utilizing personal vehicles are required to carry auto insurance with the following minimum limits of Liability: \$100,000/\$300,000 bodily injury as well as \$50,000 property damage or \$300,000 combined single limits.

Account Number(s) to be charged \_\_\_\_\_

\_\_\_\_\_

Employee Signature \_\_\_\_\_

Budget Officer Approval \_\_\_\_\_

Total Travel/Per Diem Expense \_\_\_\_\_

Less Prepaid/P-card Charge \$ ( \_\_\_\_\_ )

Less Advances \$ ( \_\_\_\_\_ )

Amount due DMU: Check Enclosed \$ ( \_\_\_\_\_ )  
(OR)

Amount due Payee \$ \_\_\_\_\_

**Accounting Office Audit by** \_\_\_\_\_