

Travel Expense Voucher

Western Kentucky University

Name of Employee: <input style="width:95%;" type="text"/>	Amount Paid: <input style="width:90%;" type="text" value="0.00"/>	Index #	Comm Code	Amount
Campus Address: <input style="width:95%;" type="text"/>	WKU ID# (Note) <input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Campus Phone: <input style="width:95%;" type="text"/>	Procard expenses <input style="width:90%;" type="text" value="0.00"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Employee of WKU? Full-Time <input style="width:90%;" type="text"/> Part-Time <input style="width:90%;" type="text"/>	Total travel cost <input style="width:90%;" type="text" value="0.00"/>	CFO Office Use Only: TR#		
WKU Department Name: <input style="width:95%;" type="text"/>				
Home Address <input style="width:60%;" type="text"/>	City, State <input style="width:20%;" type="text"/>	Zip Code: <input style="width:20%;" type="text"/>		

Note: If not a WKU employee or student, please use social security number where WKU ID# is requested.

Month	Date	Departed am/pm	Returned am/pm	Personal Vehicle Mileage	Tolls, Parking	Lodging	Subsistence - lodging required	Total
From-To:	<input style="width:95%;" type="text"/>						B L D	0.00
Purpose:	<input style="width:95%;" type="text"/>							
From-To:	<input style="width:95%;" type="text"/>						B L D	0.00
Purpose:	<input style="width:95%;" type="text"/>							
From-To:	<input style="width:95%;" type="text"/>						B L D	0.00
Purpose:	<input style="width:95%;" type="text"/>							
From-To:	<input style="width:95%;" type="text"/>						B L D	0.00
Purpose:	<input style="width:95%;" type="text"/>							
Totals for this page:						0.00	0.00	0.00
Total Mileage: <input style="width:100px;" type="text" value="0.00"/>						x .44 per mile	= Total Mileage expense:	<input style="width:100px;" type="text" value="0.00"/>

We certify that the amounts claimed are proper charges by a statutory employee of the Commonwealth in the discharge of official duties and that this claim is true and correct to the best of our knowledge (see KRS 523.100).

Claimant's Signature Date

Dean, Director, or Department Head's Signature Date

Printed Name of Dean, Director or Department Head

Chief Financial Officer Date

Reimbursable: Other Expenses Total:	0.00
Continuation pages (Pg2-Pg4) total:	0.00
Amount not claimed:	0.00
Grand Total:	0.00

Subsistence: Overnight Stay Required 01/01/11

If travel begins at listed time or before and ends at listed time or after.

Breakfast 6:30 am - 9:00 am
Lunch 11:00 am - 2:00 pm
Dinner 5:00 pm - 9:00 pm

Do not claim meals included in registration fees.
 Original receipts are required for expenses of \$10 or more. Food Excluded.
 Domestic Subsistence Rates:
<http://www.gsa.gov/portal/category/21287>
 Foreign Subsistence Rates:
<http://www.defensetravel.dod.mil/site/perdiemCalc.cfm>

Continuation Page #

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Name of Employee:

0

Month	Date	Left am/pm	Returned am/pm	Personal Vehicle Mileage	Tolls, Parking	Lodging	Subsistence	Total
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
							B	
From-To:							L	
Purpose:							D	0.00
Totals for this page:						0.00	0.00	0.00
Total Mileage:				0	x .44 per mile	=	Total Mileage expense:	0.00
Total for this Continuation Page:								0.00

Continuation Page #

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Name of Employee:

0

Month	Date	Left am/pm	Returned am/pm	Personal Vehicle Mileage	Tolls, Parking	Lodging	Subsistence	Total
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
Totals for this page:					0.00	0.00	0.00	0.00
Total Mileage:					0	x .44 per mile	= Total Mileage expense:	0.00
Total for this Continuation Page:								0.00

Continuation Page #

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Name of Employee:

0

Month	Date	Left am/pm	Returned am/pm	Personal Vehicle Mileage	Tolls, Parking	Lodging	Subsistence	Total
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
							B	
From-To:							L	0.00
Purpose:							D	
Totals for this page:						0.00	0.00	0.00
Total Mileage:				0	x .44 per mile	=	Total Mileage expense:	0.00
Total for this Continuation Page:								0.00

Procard Charges

0

Note: Be sure not to include items for reimbursement in Other Expenses section that were paid with a university purchasing card.

NONREIMBURSABLE EXPENSES - paid by a departmental purchasing card.

Date Month/Day	Item of Expense	Explanation	Amount

Total Departmental Purchasing Card Expenses 0.00

