

RICHARD STOCKTON COLLEGE

Accounts Payable Office

TRAVEL EXPENSE / PAYMENT VOUCHER FORM

**Purpose: To be used in conjunction with the direct pay and credit card reconciliation.
Submit the following to Accounts Payable for Credit Card Reconciliation and Reimbursement.
Travel Expense/Payment Voucher Form, Original Receipts & Supporting Documentation**

PAYEE INFORMATION		MISCELLANEOUS EXPENSES	
Payee Name:		Expense Description/Purpose/Attendees/Other	
Z#:	Dep't. Name:		

Fund:	Org:	Account:	Program:
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ITEMIZED EXPENSES

	Dates	Itemized Expenses (Chronological)	Air Travel	Oth. Trans.	Hotel	Meals	Other
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Miles Traveled		
Miles Deducted <small>(*If Normal Work Day, Deduct Normal Commutation Mileage/Official Station-RSC)</small>		
Total Net Miles		
Total Net Miles @ \$0.56 Mile		

TOTAL TRAVEL EXPENSES \$

Notes:	OUTSTANDING COLLEGE ISSUED TRAVEL CREDIT CARD EXPENSES \$
Notes:	LESS PREVIOUSLY RECONCILED TRAVEL CREDIT CARD EXPENSES \$
	LESS NON -REIMBURSABLE EXPENSES \$
	TOTAL AMOUNT DUE FOR REIMBURSEMENT \$ <small>If a negative total amount is due, please submit check payable to the College with reconciliation.</small>

E. AUTHORIZED SIGNATURES Please use colored ink for signatures so that originals may be distinguished from copies.

**I CERTIFY THAT ALL OF THE CHARGES INCLUDED IN ABOVE AMOUNT WERE NECESSARY AND INCURRED FOR OFFICIAL COLLEGE BUSINESS
I CERTIFY THAT ANY EXCESS FUNDS HAVE BEEN REIMBURSED TO THE COLLEGE AS REQUIRED.**

PAYEE SIGNATURE: _____

APPROVER SIGNATURE:		DATE:	
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