



## Travel Expense Voucher Instructions

### I. General Information

Complete the following fields

- Name
- Enter TU ID number in the Empl ID# field
- Address
- Date of travel
- Time of travel

### II. Itemized Expense Work Sheet

- Enter GRH in the blank box under Registration
- Enter the amount of the taxi ride and the date in the column for the day of the travel.  
Reimbursement will not exceed \$40.00.

### III. Mileage Work Sheet – not applicable

### IV. Petty Cash Reimbursement

Choose one of the two Petty Cash disbursement options.

### V. Purpose of Travel

- Enter Alternative Transportation, GRH
- Include signature and date

### VI. Travel Office Summary

For use by Working Fund

### VII. Traveler/Department

For use by Parking & Transportation Services

**\*Sample expense voucher attached.**

# Travel Expense Voucher

## I. General Information:

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ Student or Empl ID# \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Date of Trip: \_\_\_\_\_ to \_\_\_\_\_ Complete Coding Block Below  
 Time Departed: \_\_\_\_\_ a.m. ☐ p.m. ☐ Time Returned: \_\_\_\_\_ a.m. ☐ p.m. ☐  
 Is the Payee or beneficiary of this payment a U.S. Citizen or Permanent Resident Alien? Yes ☐ No ☐ If No, provide Payee email address: \_\_\_\_\_  
 Is Payee a Towson Univ Employee? Yes ☐ No ☐  
 Destination City: \_\_\_\_\_ State: \_\_\_\_\_  
 Working Fund Advance received? Yes ☐ No ☐

Payment Method	Airfare	Hotel	Registration Fee
Diners Club Card			
Working Fund Advance Check			
VISA Procurement Card			
Invoice			
Personal Cash/Charge Card			

Enter the amount that you paid for airfare, hotel, and registration fees in the box opposite the payment method you used.

\*Please Note: Any amount entered in shaded boxes above should be entered into Section II, Itemized Expense Worksheet below

## II. Itemized Expense Work Sheet:

	Date _____ Sunday	Date _____ Monday	Date _____ Tuesday	Date _____ Wednesday	Date _____ Thursday	Date <u>10/30</u> Friday	Date _____ Saturday	Total
Hotel room								0.00
Breakfast								0.00
Lunch								0.00
Dinner								0.00
Telephone								0.00
Fare								0.00
Taxi								0.00
Tolls								0.00
Parking								0.00
Registration								0.00
<u>GRH</u>						<u>38.00</u>		0.00
Mileage from Section III	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

## III. Mileage Work Sheet – Must Use Military Time:

	Time Start	Time End	Territory Covered	Miles Traveled	Mileage x Rate =	Mileage Expense
Sun					.55	0.00
Mon					.55	0.00
Tue					.55	0.00
Wed					.55	0.00
Thurs					.55	0.00
Fri					.55	0.00
Sat					.55	0.00

## IV.

### Petty Cash Reimbursement (\$100 or less)

Choose payment method below:

- ☐ \*Petty Cash disbursed by Payroll Office, Adm 4<sup>th</sup> floor  
☐ \*Petty Cash disbursed by Payment Center- Enrollment Services, Room 336  
☐ Wire Transfer to Checking Acct  
 Check mailed if payee NOT enrolled in Payroll Direct Deposit program.

Purpose of Travel? GRH/Alternative Trans. - (Include the reason)

V. \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Traveler's Signature "Certified just and correct" Authorized Budget Signature

## VI. TRAVEL OFFICE SUMMARY

Expense Amount: \$ \_\_\_\_\_  
 Advance Amount: \$ \_\_\_\_\_  
 Difference: \$ \_\_\_\_\_  
 Advance Check #: \_\_\_\_\_, \_\_\_\_\_  
 Receipt #: \_\_\_\_\_ Sett Check #: \_\_\_\_\_  
 Date: \_\_\_\_\_

## VII. Traveler/Department - Please complete shaded boxes below

T.U. CODE BLOCK	Vendor Code:
Dept. / PS Account	Invoice #:
	Amount
	PO#: _____ C/P/F
	Invoice Date:
	Mdse Rec'd Date:
	Due Date:

Account is PS terminology for Subcode