TRAVEL EXPENSE VOUCHER
MERIDIAN COMMUNITY COLLEGE
910 HIGHWAY 19 NORTH - MERIDIAN MS 39307
File within 7 days to dean or vice president for instruction

Payable to (Name) _____ ID _____

Trip to (city and state) _____

Specific purpose _____

Report Expenses Daily	___/___ (date)	___/___ (date)	___/___ (date)	___/___ (date)	___/___ (date)	___/___ (date)	LINE TOTALS	Acct name	Acct Number
School Vans: (2) Miles traveled									
School Vans: Cost									
Personal Auto: Miles Traveled									
Personal Auto: Cost									
Plane, Train or Bus									
Car Rental*									
Taxi, Limousine, Parking Fees									
Hotel (Room Only)*									
Meals									
Other Expenses (explain on back)									
LESS PERSONAL CHARGES									

LESS ADVANCES				
	TOTAL COST OF TRIP			
	AIRFARE PAID BY MCC			
	HOTEL PAID BY MCC			
	REGISTRATION PAID BY MCC			
	"CASH" ADVANCES			
	Amount Owed MCC	**Reimbursement Requested**		

I certify the above is a true and correct statement of expenses incurred by me on official school business.

Traveler's Signature _____   Date _____

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APPROVED: _____   TRAVEL ACCOUNT _____

REVIEWED: _____   TRAVEL REQUEST ATTACHED _____

Attach Receipts   Conference Report Attached _____

NOTES