



STATE OF DELAWARE Employee Expense Voucher

***Required**

Business Unit	Voucher ID (system assigned)	*Invoice ID	*Invoice Date	*Goods Received Date	*Voucher Amount
STATE					\$
*Vendor ID#	INSTRUCTIONS			*EMPLOYEE CERTIFICATION	
E M P L O Y E E	Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES OR OFFICERS ONLY. Receipts are required for common carrier fares, lodging accommodations and for all items which would have required a vendor's bill had the transaction been directly between the agency and the vendor, reason for trip, document entertainment other than self, list destination, and/or daily tabulation of mileage.			I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct.	
				*Employee Signature/Date (No stamped signatures)	

*DATE	*FROM	*TO	AND RETURN	# AUTO MILES	R.R	TAXI	BREAKFAST	LUNCH	DINNER	HOTEL	MISCELLANEOUS	
					PLANE	BUS				MOTEL	DESCRIPTION	AMOUNT
Grand Total	MILES @ .40¢				\$	\$	\$	\$	\$	\$	//	\$

FISCAL OFFICE USE ONLY														
Inv Line	Description							*Extended Amt			*Category Code		*Ship To	
PO #	Line #	Dist #	Amount	Bud Ref	Fund	DeptID	Oper Unit	Approp	Account	Program	School Code	PC BU	Project	Activity
			\$											
			\$											
Inv Line	Description							*Extended Amt			*Category Code		*Ship To	
PO #	Line #	Dist #	Amount	Bud Ref	Fund	DeptID	Oper Unit	Approp	Account	Program	School Code	PC BU	Project	Activity
			\$											
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			\$											
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