

TRAVEL EXPENSE VOUCHER

Travel Ref. No.: _____

Account No.:	Index: _____	Fund: _____	Org: _____	Acct: _____	Prog: _____
Employee ID No.:	_____		Date (MM/DD/YY):	_____	
Employee:	_____		Department Charged:	_____	
Purpose of the Trip: _____					
Destination: _____					
Date of Departure :	_____	Time of Departure:	_____	AM/PM	
Date of Return:	_____	Time of Return:	_____	AM/PM	

Plane, Train, Bus (Circle Mode Used)..... (Attach Ticket Stubs)	\$ _____
Rented Car (Attach Receipt) (Must Be Approved Prior to Trip).....	\$ _____
Taxi and/or Limousine (Attach Receipt).....	\$ _____
Personal Automobile (If Authorized)..... Total Miles _____ @ \$0.27/mile (Personal automobile authorized at \$0.27 per mile if cost does not exceed cost of coach-rate airplane fare.)	\$ _____
Hotels (Attach Itemized Receipt).....	\$ _____
Meals (Attach Itemized Receipt).....	\$ _____
Gratuities (Itemize).....	\$ _____
Other (Attach Itemized Receipts).....	\$ _____

Budget Officer Comments:	Total Expenses \$ _____ Less Advance \$ _____ Amount to be Refunded <input type="checkbox"/> \$ _____ Amount to be Returned <input type="checkbox"/> \$ _____
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_____ Signature (Required)	_____ Budget Executive Signature (Required only if refund is requested)	_____ Asst. VP for Grants Management (Required only if refund is requested and grant funds were used)
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SUBMIT TO BUSINESS OFFICE WITHIN 48 HOURS AFTER COMPLETION OF TRIP

FOR BUSINESS OFFICE USE

Approval of Refund: Budget _____ Amount _____ Treasurer _____ Date _____	Amount Advanced \$ _____ Expenses \$ _____ Amount Refunded \$ _____ Amount Returned \$ _____ _____ Budget Officer _____ Treasurer
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