



**Itemized
Travel Voucher**

Please submit this form to the Business Office within three days of your return.

Traveler's Name: _____ **Traveler's ID#:** _____

Date(s) of Travel: _____

Destination & Reason for Travel: _____

Expenditures: (Attach Receipts)

Transportation:

_____ Bus _____ Train _____ Plane \$ _____

_____ Rental Car \$ _____

_____ Personal Car: Odometer Reading: Start _____ Ending _____

Total Miles _____ X \$.48 = \$ _____

Lodging & Meals:

Motel \$ _____

Meals (*Include Tips*) _____ \$ _____

Other Expenses: (Describe)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

Advance \$ _____

If advance exceeds total expenses, enter amount. \$ _____

If total expenses exceed advance, enter here. \$ _____

Account Number Charged: _____

Approved by: _____
Department Chair

Traveler's Signature