

**TRAVEL EXPENSE VOUCHER**

Date \_\_\_\_\_

Claimant \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Department \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Authorized by \_\_\_\_\_ Total No. of Persons covered by this report \_\_\_\_\_

Cash Advance \$ \_\_\_\_\_ Returned \$ \_\_\_\_\_ Total Expenditures \$ \_\_\_\_\_

DATE	ITEM	TRANS. AND PULLMAN OR MILEAGE	HOTEL	MEALS			MISC	TOTAL
				B	L	D		
<b>TOTALS</b>								

<b>CERTIFIED CORRECT:</b>	<u>ACCOUNTING DEPT. USE</u>	
Signed - Claimant _____	Audit Clerk	Business Manager
<b>APPROVED:</b>	VOUCHER NUMBER	
Dean or Admin. Head _____		