

Name:
Address:

TRAVEL EXPENSE VOUCHER

Attach
Receipts

DEPARTMENT OF:	For Period From:	To:
----------------	------------------	-----

DATE	TRAVELLED		MILES	LIMO/ TAXI	HOTEL	MEALS			PHONE	PARKING	MISC	PURPOSE
	FROM	TO				BKFST.	LUNCH	DINNER				
TOTALS												

TOTAL EXPENSES
Business Mileage _____
Other Expenses _____
Less Cash Advance _____
TOTAL REIMBURSEMENT _____

INSTRUCTIONS

The "PURPOSE" column must be completed.

Voucher must be approved by appropriate department head prior to receiving reimbursement.

BUSINESS MILEAGE
_____ @ <u>53.5</u> cents
TOTAL \$ _____

Signature:
Date:
Approved by:

FOR OFFICE USE ONLY
DATE PAID:
AMOUNT:
CHECK NO: