

Name:
Address:

# TRAVEL EXPENSE VOUCHER

Attach  
Receipts

DEPARTMENT OF:	For Period From:	To:
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DATE	TRAVELLED		MILES	LIMO/ TAXI	HOTEL	MEALS			PHONE	PARKING	MISC	PURPOSE
	FROM	TO				BKFST.	LUNCH	DINNER				
<b>TOTALS</b>												

TOTAL EXPENSES
Business Mileage _____
Other Expenses _____
Less Cash Advance _____
<b>TOTAL REIMBURSEMENT</b> _____

**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
<b>TOTAL</b> \$ _____

Signature:
Date:
Approved by:

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