LOCAL FUNDS TRAVEL VOUCHER

DOCUMENT ID:

Vendor Identification Number (VID)	Voucher Number

Payee Name and Address:	Title:	Designated Headquarters
	Dates of Travel	Destination	DTN

Check Distribution: Campus____ US Mail _____

Pickup _____ Phone _____

Account Number(s)	Amount

Purpose of Travel/Benefit to University

Estimated Expenses:

Meals _____

Lodging _____

Transportation _____

Other _____

Total:

Disposition of Duties

TRAVEL APPROVED BY: _____ TITLE: _____ DATE: _____

_____ _____ _____

DATE	MEALS & LODGING			TRANSPORTATION				
	Meals	Lodging	Daily Total for Meals & Lodging	Type (taxi, bus, etc)	Point-to-Point Itemization From	To	Personal Car Mileage	Fares Paid

Total Meals and Lodging:		Total Fares:	
		Total Mileage:	
OTHER TRAVEL EXPENSES (Itemize)		x 28 cents per mile:	
		TOTAL AIRFARE: Attach original passenger coupon(s)	
		Departure Date and Time:	
		Return Date and Time:	
		RENTAL CAR: Attach original invoice(s):	
Total Other Expenses:		Total Transportation:	

Prepared by: Phone: Dept. Address:

VOUCHER TOTAL:

I certify that the expense account above rendered is true, correct, and unpaid.

Traveler's Signature _____ Date _____

Approved for Payment: Date:

Name _____ Approved Signer for Account (s)

For Office of Accounting Use Only

	Object Code	Amount		Object Code	Amount		Object Code	Amount