

Sample Document - Complete PDF, Print, Sign, and submit original to GME with other required paperwork.

Employee Student Non-Employee Non-Resident Alien Non-Resident Alien (NRA) Non-Employee (Not for reimbursement) Limited Non-Employee

Travel Voucher

Voucher Number _____ TVL Number **380531**

Department Information

Dept/Org Name: **Graduate Medical Education** Zip+4: **11794-8430**
 Contact Name: **Jennifer Dubrino** Phone: **638-2698**

Please indicate one of the following:
 A Citizen of the United States Yes No
 Permanent US Resident Yes No
 Non-Resident Alien (NRA) Yes No
 If yes, provide copy of alien registration card
 If yes, Country of Citizenship: _____
 Immigration status on I-94 card or passport: _____

Your SBU ID Number

Traveler Information

Payee Name (Last, First, MI): **Smith, Resident, A** Payee ID: **123456789**
 Address: **1 Park Lane** City: **Stony Brook** State: **NY** Zip: **11794**
 Official Station: _____
 Destination: **Home** Purpose of Travel: **Fatigue**
 Date & Time of Departure: **2:15 9/26/18** AM PM Date & Time of Return: **N/A** AM PM

Transportation Expenses

			Cost
Common Carrier (airfare, train, bus):	BTA Used <input type="checkbox"/>		
Car Rental (justification required):			
Fuel:			
Personal Car Mileage (attach AC-160):	miles x \$	IRS rate	0.00
Parking:			
Tolls:			
Taxi/Subway/Ferry:	Uber from Northport VAMC ←	Use Your Location	18.75

Lodging

State/RF	day(s) at \$	per diem	0.00
State/RF	day(s) at \$	per diem	

Meal Expenses

SBF	Total Received Lodging:		
State/RF	Per Diem Meals: _____ breakfast(s) at \$_____ per diem + _____ dinner(s) at \$_____ per diem		0.00
State/RF	Per Diem Meals: _____ breakfast(s) at \$_____ per diem + _____ dinner(s) at \$_____ per diem		
State/RF	One Day Meals: _____ breakfast(s) at \$5 + _____ dinners at \$12		
SBF	Total of Received Meals:		

Others

Registration/Conference Fees: _____
 Miscellaneous (list and explain): _____

RF Advance

Enter PO # _____ and amount of advance _____
 *According to Campus Travel Policy all original supporting documentation must be attached. **Total 18.75**

I hereby certify that that the above trip was taken for the purpose indicated; that the reference accounting is accurate; that no portion has been paid; except as stated on this form, and that the balance indicated is due or reimbursable in accordance with Campus Travel Policy
 _____ **Resident Physician** _____ **9/28/18**
 Traveler Signature Traveler Title Date

Original Signature ONLY _____ has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the
 _____ **DIO, Vice Dean for GME** _____
 Supervisor Signature Supervisor Title Date

I certify that this claim is correct and just, and payment is approved using designated account.
 _____ **Chief Medical Officer** _____
 Authorized Signatory Title Date

<input type="checkbox"/> State <input type="checkbox"/> RF <input type="checkbox"/> SBF	Account Number / Project Task Award	Object/Expenditure Code	Amount