

Employee Student Non-Employee *No Per-Diem Reimbursement Permitted For Non-Employees

Travel Voucher

Voucher Number _____ TVL Number _____

Department Information

Dept/Org Name:	Zip+4:
Contact Name:	Phone:

Traveler Information	Please indicate one of the following: A Citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent US Resident <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Resident Alien (NRA) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy of alien registration card If yes, Country of Citizenship: _____ Immigration status on I-94 card or passport: _____			
	Payee Name (Last, First, MI):		Payee ID:	
	Address:	City:	State:	Zip:
	Official Station:			
	Destination:		Purpose of Travel:	
	Date & Time of Departure: <input type="checkbox"/> AM <input type="checkbox"/> PM		Date & Time of Return: <input type="checkbox"/> AM <input type="checkbox"/> 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 _____	
Parking:		
Tolls:		
Taxi/Subway/Ferry:		

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

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

Traveler Signature _____ Traveler Title _____ Date _____

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's official duties.

Supervisor Signature _____ Supervisor Title _____ Date _____

I certify that this claim is correct and just, and payment is approved using designated account.

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