TRAVEL EXPENSE VOUCHER

—	FOAP	Amount:
EMP BANNER ID	Other:	\$
EMPLOYEE NAME	Dept.:	\$
ADDRESS	College:	\$
CITY	Provost:	\$
STATEZIP CODE		

		Transportation			SUBSISTENCE		OTHER	SUNDRIES	
DATE		A	UTO 'AMOUNT	OTHER (SPECIFY)	HOTEL	MEALS	MEALS (SPECIFY)	(EXPLAIN FULLY)	TOTAL

I certify that the above expenses are correct in all respect; that the distances as charged have been actually and necessarily traveled by me on the dates therein specified; that the amount as charged has been actually paid for by me or traveling expenses; that no part of the account has been paid by the University, but the full amount is due. I also CERTIFY that on date(s) when the above items of expense were incurred the vehicle I was using on University business was covered by liability insurance as follows.

Company	
Policy #	
Employee's Signature	
Official Position	

CONFERENCE:

Signatures required when applicable:

Student Mentor:	Date:
Department Chair:	Date:
Dean/VP:	Date:
Provost's Office:	Date: