

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 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: _____

Payee Name (Last, First, MI): _____ Payee ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Official Station: _____

Destination: _____ Purpose of Travel: _____

Date & Time of Departure: _____ AM PM Date & Time of Return: _____ 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 _____	
Parking:		
Tolls:		
Taxi/Subway/Ferry:		

Lodging

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

Meal Expenses

SBF	Total Receipted 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 Receipted 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 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