# TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

**Department Contact Information**

Name: _____

E-mail: _____

Phone No. # _____ Box: _____

**Purpose of Trip** (state briefly)

| BP | OBJ | FFY | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Due Traveler Amount** | $ 0.00 |

**Traveler Information**: Banner ID: _____

Last Name: _____ First Name: _____ MI: ____

Street: _____ Apt No: ____ City: _____ State: ____ Zip Code: _____

Has your address changed since the last time you submitted a travel voucher? ◯ Yes ◯ No

Is the payment to an U.S. Citizen or Permanent Resident? ◯ Yes ◯ No

**Lodging and PerDiem Rates available here: gsa.gov/travel**

**Itinerary**

| Date (mm-dd-yy) | Departed from: Place | Time | Arrived at: Place | Time | Auto mileage @ .67 | | Trans | Lodging | Meals or Per Diem | Other Expenses Item | Amount | Line Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | $ 0.00 | | | | | | $ 0.00 |
| | | | | | | $ 0.00 | | | | | | $ 0.00 |
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| | | | | | | $ 0.00 | | | | | | $ 0.00 |
| | | | | | | $ 0.00 | | | | | | $ 0.00 |
| | | | | **Totals** | $ | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 |
| | | | | | | | | | | | **Totals from Page 3** | $ 0.00 |
| | | | | | | | | | | | $ | $ 0.00 |

**AP Use Only**

Entered by: _____

Date: _____

**AP Use Only**





Clear Form

# TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

Name: _____ _____ ___ _____

Last Name: First Name: MI: Banner ID:

| Date | Expense Item | Justification |
|---|---|---|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |

Was a registration fee paid? ◯ Yes ◯ No Date of meeting: _____ To _____

If yes, attach material which gives details of the fee paid.

Was a personal vehicle utilized? ◯ Yes ◯ No

If yes, the traveler certifies that he/she is duly licensed and carries the minimum required insurance set forth in the Illinois Revised Statues.

Was a University vehicle used? ◯ Yes ◯ No

Were any other forms of University funds (i.e. P-card, direct bill, TR form, paid to vendor (AP-IDF), paid by another employee) used to cover expenses for this travel? If yes, itemize amount in justification area and attach copies to voucher. ◯ Yes ◯ No

| | |
|---|---|
| LESS: Amount Not Allowed | |
| Net Amount of Request | $ 0.00 |
| LESS: Travel Advance | |
| Amount Due Traveler | $ 0.00 |
| Amount Due Univ. (Attach Check) | |

I certify that, in accordance with Section 12 of the State Finance Act, the above amount is correct and just; that the detailed items charged for subsistence were actually paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner, and that I have not furnished with transportation or money in lieu thereof for any part of the journey therein charged.

_____ _____

Traveler Signature Date

Payment of interest may be available if the State fails to comply with the State Prompt Payment Act. (30 ILCS 540).

This certifies that the travel shown above was required by the official duties of the traveler named to my personal knowledge, or as indicated by records submitted to me. If applicable, the reporting requirements of Section 5.1 of An Act to Create the Bureau of Budget have been met.

| Fiscal Officer Signature | Date | Budget Purpose | Fiscal Officer Signature | Date | Budget Purpose |
|---|---|---|---|---|---|
| | | | | | |
| Fiscal Officer Signature | Date | Budget Purpose | Fiscal Officer Signature | Date | Budget Purpose |
| | | | | | |

Additional Approval (when appropriate) Date Additional Approval (when appropriate) Date



Clear Form

# TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

**Itinerary**

| Date (mm-dd-yy) | Departed from: Place | Time | Arrived at: Place | Time | Auto mileage @ .67 | | Trans | Lodging | Meals or Per Diem | Other Expenses Item | Amount | Line Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | $ 0.00 | | | | | | $ 0.00 |
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| | | | | | | $ 0.00 | | | | | | $ 0.00 |
| | | | | | | $ 0.00 | | | | | | $ 0.00 |
| | | | **Totals - Page 3** | $ | | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 |



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