

TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

Department Contact and Billing Information:				BP# (DA1 - Foundation)	Obj	FY	Amount
Department Name: _____							
Department Contact Name: _____							
Email: _____ Phone: _____ Box: _____							
Due Traveler Amount							

Traveler Information:			
Banner ID (800#): _____ Email: _____ Phone: _____			
Last Name: _____ First Name: _____ MI: _____			
Purpose of Trip: _____			
Date of Event: _____ to _____			
Transportation Used: ☐ Airplane ☐ Train ☐ Personal Vehicle ☐ University Vehicle ☐ Rental Vehicle			
Registration: (If "Yes", please attach a copy of the registration and itinerary.)			

Itinerary Information:

Lodging and Per Diem Rates available at gsa.gov/travel

Date	Departed From		Arrived At		Auto Mileage		Trans	Lodging	Meals / Per Diem	Other Expenses		Line Totals
	Place	Time	Place	Time	@					Item	Amt	
Totals												

AP Use Only

Entered by: _____

Date: _____

Trip Totals from Page 3	
Totals	

TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

Banner ID: _____ Traveler Name: _____

Expense Justification Information:

Itemize the travel expense items below that were funded using University funds (i.e. P-card, direct bill, TR form, paid to vendor (APID), paid by another employee) or other sources. Attach copies of any receipts that were not uploaded to JPMC.

Date	Expense Item	Amount	JPMC*	Pcard Transaction #	Justification

Amt Not Allowed Total _____ Add'l Amount Not Allowed Ttl from Page 3 _____ Amount Not Allowed _____

Amount of Request _____

Click the "Add Screenshots" button to add a new page(s) for screenshots:

Less: Travel Advance _____

Amount Due Traveler _____

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 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 been furnished with transportation or money in lieu thereof for any part of the journey therein charged.

I certify that in the course of driving a vehicle I was duly licensed and carried the minimum required insurance set forth in the Illinois Revised Statutes.

Traveler Signature Date

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 BP# (DA1)

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Office of Research and Projects Date
(Grant Accounts only)

Additional Approval as Appropriate Date

TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

Banner ID: _____

Traveler Name: _____

Additional Itinerary Information:

Date	Departed From		Arrived At		Auto Mileage		Trans	Lodging	Meals / Per Diem	Other Expenses		Line Totals
	Place	Time	Place	Time	@					Item	Amt	
Trip Totals (Pg. 3)												

Additional Expense Justification:

[illegible]

Amt. Not Allowed Ttls
(Pg 3)