

Date

Name _____

Mailing Address _____

City, State, Zip _____

Department _____

Trip to/Purpose of Trip _____

Travel Dates _____

IMPORTANT:

- Include original itemized receipts or other supporting document with request.
- Attach receipts to paper in the order they appear here with subtotals by line.
- Clearly note if only partial reimbursement is requested.
- Attach proof of exchange rate if foreign currency used.

*** Missing receipts or back-up documentation, or failure to complete this form correctly, may result in payment delay.***

Explanation

Account No _____ Amount _____

Account No _____ Amount _____

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Account No _____ Amount _____

Advances (If you previously received a cash advance or reimbursement for this trip, complete this section.)

Cash Received _____

Airline Tickets _____

Registration _____

Hotel Deposit _____

Other _____

*Total Advances _____

Expenses (Include all costs for this trip)

Airfare _____

Transportation (Train/Bus/Taxi/Uber) _____

Personal Auto - **attach map** (enter # of miles & it will calculate @ \$0.58/mile) _____

Auto Rental _____

Hotel _____

Registration _____

Meals _____

Baggage _____

Parking/Tolls/Gas _____

Tips _____

Miscellaneous _____

Total Expenses _____

*Less Advances _____

Approved but not funded (For Deans only) _____

Balance Due to Naz/Employee _____

APPROVER INFORMATION

Requestor Signature _____ Date _____

Department Head Signature (required) _____ Date _____

Dean Signature _____ Date _____

Dir. of Payroll & A/P/Controller Signature _____ Date _____

CONTROLLER'S OFFICE USE ONLY

VOUCHER

Voucher No. _____

Date _____

By _____

AP TYPE

AP Type _____

All faculty/staff payments will be AP Type 03

PAYMENT

ECheck/Check No. _____

Date _____

By _____