

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

Account No Amount

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 @ \$0.575/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