

# LSU HEALTH FOUNDATION, NEW ORLEANS TRAVEL VOUCHER

Name of Traveler: \_\_\_\_\_  
 Meeting / Function Attended: \_\_\_\_\_  
 Dates of Travel: \_\_\_\_\_

I certify that the expenses claimed on this voucher were incurred for University business and I did not receive any reimbursement or advances for these expenses from other sources other than listed below (if applicable).

\_\_\_\_\_  
Signature of Traveler

**After processing mail check to:** \_\_\_\_\_  
Name Box #

Justification of travel expense to fund source charged (How the trip benefits the source of funds charged):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Detail of Expenses: Attach original bill, receipt, or request where applicable.**

- Transportation expenses to meeting site	\$	
- Hotel expense, room and tax	\$	
- Meals (Note: entertainment while on travel status should be submitted on separate voucher)	\$	
- Auto rental	\$	
- Registration fees	\$	
- Taxi or limousine	\$	
- Parking Fees	\$	
- Gratuities	\$	
- Other expenses - please explain in detail	\$	
<b>Sub - Total</b>	<b>\$</b>	
Less any advances or reimbursements from other sources	\$	
<b>Total to be reimbursed from Foundation account</b>	<b>\$</b>	

**Account Debited:** \_\_\_\_\_

**\*\* As account custodian / Department Head or Director, my signature certifies that this expenditure adheres to the scope and donor intent of this Foundation account.\*\***

Requested by: \_\_\_\_\_  
Signature of Account Custodian Date

Approved by: \_\_\_\_\_  
Signature of Department Head or Director Date

Approved by: \_\_\_\_\_  
Signature of Dean or Designee Date

Approved by: \_\_\_\_\_  
Chief Financial Officer Date

Approved by: \_\_\_\_\_  
Foundation President Date

Approved by: \_\_\_\_\_  
Foundation Officer Date

Check Number \_\_\_\_\_  
Date