

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	\$ _____
Sub - Total	\$ _____
Less any advances or reimbursements from other sources	\$ _____
Total to be reimbursed from Foundation account	\$ _____

Account Debited: _____

VCAF Tracking (ACT-710): To or on behalf of a public employee Amount exceeds \$1,000
 (If both apply, form requires VCAF tracking and initial _____)

Attach original bill, receipt or request for payment where applicable.

**** 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 (if required) Date

Approved by: _____
Authorized Board Member (if required) Date

Check Number _____ Check Date: _____