

TRAVEL VOUCHER

Name of Traveler: _____
 Meeting / Function Attended: _____
 Date of Check Request: _____

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 _____)

You are required to attach supporting documentation as outlined in the spending policies for this account, including, but not limited to, original bills or invoices, receipts, lists of attendees, agreements, etc.

**** 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: _____