

**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	\$ _____
<b>Sub - Total</b>	\$ _____
<b>Less any advances or reimbursements from other sources</b>	\$ _____
<b>Total to be reimbursed from Foundation account</b>	\$ _____

**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 and does not supplant State funding.\*\***

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: \_\_\_\_\_