



TRAVEL VOUCHER FORM

Travel Voucher Request Date: _____ Payment Type: Check ACH/Direct Deposit

Person Preparing the Form: _____ School/ Dept: _____

Dept. Address or Campus Box #: _____

Event Name: _____

Reason & Purpose of Event Expense: _____

Event Date (s) & Location: _____

Check Payable To: _____

Amount requested: \$ _____ Fund/Account Number (s): _____

VCAF Tracking (Act 710): To or on behalf of a public employee: Amount exceeds \$1,000.00:

* If both boxes apply, this form requires VCAF tracking and initials: _____

(See Page 2 for Expense Breakdown)

Delivery Method (If paper check): Foundation Pick Up: Campus Mail: Direct Mail:

APPROVALS:

As account Custodian /Department Head/ Director, my signature certifies that this expenditure adheres to the fund scope and donor intent of this Foundation account and does not supplant State funding.

Fund Custodian:	_____	_____	_____
	(Type) Custodian Name	Custodian's Signature	Date
Dept. Head / Director:	_____	_____	_____
	(Type) Dept. Head/ Director Name	Dept. Head /Director's Signature	Date
Dean or Designee:	_____	_____	_____
	(Type) Dean/Designee Name	Dean/Designee's Signature	Date
Vice President and Chief Financial Officer (CFO):	Timothy Hemphill, CPA	_____	_____
	Vice President & CFO	Vice President & CFO's Signature	Date
President and Chief Executive Officer (CEO) (if required):	Matthew Altier	_____	_____
	President & CEO	President & CEO's Signature	Date
Authorized Board Member	_____	_____	_____
	Board Member	Board Member's Signature	Date

LSU Health Foundation, New Orleans
 2000 Tulane Avenue, 4th Floor, New Orleans, LA 70112
 504-568-3712 (phone) • 504-568-3460 (fax)
 Info@lsuhealthfoundation.org
 www.lsuhealthfoundation.org

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Details of Expenses:

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

Event Registration Fees:		(*Entertainment while on travel status should be submitted on a separate voucher.)
Transportation (Taxi/Uber, Bus, Ferry, Limousine, etc):		
Auto Rental:		
Tolls: (Bridges/Interstates):		
Airfare/Train/Bus/Ferry:		
Parking Fees:		
Meals:		
Gratuities (Tips):		
Other Expenses:		
Sub-Total:		
Less any Advances/Reimbursements received from other sources:		
TOTAL: (To be reimbursed by LSU Foundation Funds.)		

I certify that the expenses claimed on this travel voucher were incurred for University business and I did not receive any reimbursements or advances for these expenses from other sources, other than the ones listed.

(Traveler's Signature): _____

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