



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

<b>Fund Custodian:</b>	(Type) Custodian Name	Custodian's Signature	Date
<b>Dept. Head / Director:</b>	(Type) Dept. Head/ Director Name	Dept. Head /Director's Signature	Date
<b>Dean or Designee:</b>	(Type) Dean/Designee Name	Dean/Designee's Signature	Date
<b>Chancellor or LSU President (if required):</b>	(Type) Chancellor/LSU President Name	Chancellor/LSU President Signature	Date
<b>Vice President &amp; Chief Financial Officer (CFO):</b>	Lee Trumble, CPA Vice President & CFO	Vice President & CFO's Signature	Date
<b>President &amp; Chief Executive Officer (CEO) (if required):</b>	President & CEO	President & CEO's Signature	Date
<b>Authorized Board Member (if required):</b>	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 Fund, including, but not to limited to, original bills or invoices, itemized receipts, list of attendees, agreements, etc.  
**• Receipts should be within a 60 day limit of the expense date or post travel date •**

Event Registration Fees:		(*Entertainment while on travel status should be submitted on a separate voucher.)
Hotel/Lodging		
Airfare/Train/Bus/Ferry:		
Auto Rental:		
Gasoline:		
Mileage:		
Tolls:		
Taxi, Uber/Lyft, Limousine, etc.:		
Parking Fees:		
Meals:		
Gratuities (Tips):		
Other Expenses:		
<b>Sub-Total:</b>		
<i>Less any Advances/Reimbursements received from other sources:</i>		
<b>GRAND TOTAL:</b> (To be reimbursed by LSU Health 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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