



EMPLOYEE EXPENSE VOUCHER REQUEST FOR PAYMENT

NAME: _____

BUILDING: _____

DATE OF REQUEST: _____

TYPE OF EXPENSE

1. CONFERENCE		Date of Conference: _____			
Title: _____				Amount: _____	
Account #: _____					
	Pre Approval Form Attached		Attendance Certificate Attached		Payment Receipt Attached
2. TRAVEL		<i>(attach mileage sheet)</i>		Total Miles: _____	
				Amount: _____	
Account #: _____					
3. SERVICES					
Date of Service	Services	Hours	Rate	Amount	
Account #: _____					
4. MATERIALS/SUPPLIES		<i>(attach receipt)</i>			Amount: _____
Item: _____			Item: _____		
	Pre Approval Form Attached		Pre Approval Form Attached		
Account #: _____					
5. COURSE WORK		Date of Course: _____			
Title: _____				Amount: _____	
Account #: _____					
	Pre Approval Form Attached		Attendance Certificate Attached		Payment Receipt Attached
6. OTHER		Reason: _____			
Account #: _____				Amount: _____	
Employee Signature				Date	
Supervisor Signature				Date	
APPROVALS _____					
For Office Use:		Date	Account #	Amount	
Accounts Payable					
Payroll					