

## Travel Expense Voucher

| Fund | Unit | Funtion | Program | Inst. Level | Project | Worksite | Employee ID # |
|------|------|---------|---------|-------------|---------|----------|---------------|
|      |      |         |         |             |         |          |               |

|      |               |      |
|------|---------------|------|
| Name | Employee Type | Date |
|------|---------------|------|

|              |      |       |     |
|--------------|------|-------|-----|
| Home Address | City | State | Zip |
|--------------|------|-------|-----|

| Date        | Time Depart | Time Return | Location/Purpose | Mileage    |           | Food Meals* | Lodging | Registration | Other | Total |
|-------------|-------------|-------------|------------------|------------|-----------|-------------|---------|--------------|-------|-------|
|             |             |             |                  | # of Miles | \$ Amount |             |         |              |       |       |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
|             |             |             |                  |            | \$ -      |             |         |              |       | \$ -  |
| TOTALS      |             |             |                  | 0          | \$ -      | \$ -        | \$ -    | \$ -         | \$ -  | \$ -  |
| GRAND TOTAL |             |             |                  |            |           |             |         |              | \$ -  | \$ -  |

\* Meals cannot exceed \$50 per day, including tips.

Mileage will be reimbursed at the state rate.

Please attach all receipts for expense reimbursement.

Reimbursement will be made monthly.

Employee Signature

Date

Signature of Superintendent/Designee

Date