

ESU TRAVEL EXPENSE VOUCHER

Yellow Doc Form not needed

CONTROL # (Dates of travel)

Name:				Deliver check to:		Cost Center	Fund Source	Object Code	Amount
Empl #				Direct Deposit Y N					\$
Classification/Bargaining Unit:									\$
									\$
Purpose of Travel:									\$
									\$
				Funds Reservation:				\$	
ITINERARY				Transportation and Lodging			Miscellaneous		
Date	Time LV	Time RT	List of Locations	Pers Auto Miles	Provider Name Hotel Order or Travel Order #	Cash You Paid	Subsistence Claimed	Explanation	Cash You Paid
					HOST HOTEL Y N				
	3/19/08	0.505	Total Miles	0					
	8/1/08	0.585	Rate Per Mile	0.500					
	1/1/09	0.550	(A)						
	1/1/10	0.500	Totals	\$ -					
AUTHORIZING SIGNATURES						(B)	(C)		(D)
						\$ -	\$ -		\$ -
CHAIRPERSON _____						Total Expenses (A+B+C+D) \$			\$0.00
Date _____						Net Due Traveler			\$ -
DEAN / DIRECTOR _____									
Date _____									
GRANTS OFFICER _____									
Date _____									
VICE PRESIDENT/PRESIDENT _____									
Date _____									

I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT, REASONABLE AND WERE INCURRED IN THE PERFORMANCE OF UNIVERSITY DUTIES THAT I HAVE NOT AND WILL NOT ACCEPT REIMBURSEMENT OF ANY EXPENSES FROM ANY OTHER SOURCE. I FURTHER CERTIFY THAT IF MY PERSONAL AUTOMOBILE WAS USED FOR UNIVERSITY BUSINESS DURING THE PERIOD OF TRAVEL CLAIMED, INSURANCE COVERAGE WAS IN EFFECT.

Send Travel Office the original and a copy of Voucher
 C:\Docstoc\Working\pdf\07c12afe-dbf2-4528-a23c-03ebb481823e.xls

TRAVELER SIGNATURE AND DATE