Send Original and One Copy to Accounts Payable

TRAVEL VOUCHER

Eastern Illinois University

Voucher No. **T** 32823

Traveler's Name and Department

Banner Employee Number:

Headquarters:

Residence:

Means of Transportation: Fleet Car ☐ Personal Auto ☐ Dept. Contact & Phone _____

Date	Departed From		Arrived At		Auto Miles @ 0.535	Auto Reimb	Transp.	Lodging Conf. Y ☐ N ☐	Per Diem	Other Expenses	
	Time	Place	Time	Place						Item	Amount
						$0.000					
						$0.000					
						$0.000					
						$0.000					
						$0.000					
						$0.000					
						$0.000					
						$0.000					
						$0.000					
						$0.000					
				COLUMN TOTALS		$0.000	$0.00	$0.00	$0.00		$0.00
										TOTAL EXPENSES	$0.00
										Less Amount Paid (Per Attached Copies of Receipts) on P-Card/Direct Billed	
										TOTAL REIMBURSABLE	$0.00

Purpose of Travel:

Traveler's Comments/Explanations:

I certify that in accordance with Section 12 of "An Act in Relations to State Finance", the above amount is correct and just; that the detailed items charged within are taken and verified from memorandum kept by me; that the amount charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, manner, and that I have not been furnished with transporation or money in lieu thereof for any part. (If driving personal vehicle) I certify that I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code.

Traveler's Signature _____ **Date** _____

This certifies that the travel shown above was required by the official duties of the traveler named to my personal knowledge, or as indicated by records submitted to me.

Organization #	**Organization Name**	**Financial Mgr Approval***	**Amount Approved**	
			$	DATE:
			$	DATE:
			$	DATE:

***Supervisor Approval (if not Financial Mgr)** _____ **Date** _____

Out of Country Approval:

Vice President _____ **Date** _____ **President** _____ **Date**

Accounts Payable Use Only:

Vendor # _____ Special Handling _____

_____ $ _____

_____ $ _____

Clear All

Print Form