Jefferson College

TRAVEL EXPENSE VOUCHER for 2025

V# _____

Name: _____

ADDRESS _____

CITY, STATE, ZIP _____

NOTE: Obtain and submit all receipts for lodging, meals, and miscellaneous expenses.

INSTRUCTIONS: After completing this form**, r**etain the pink copy and forward the other copies for proper signatures. Yellow copy will be returned to you when check is available.

DATE	PLACE FROM	TO:	Total Miles	BREAK-FAST AMT.	LUNCH AMT.	DINNER AMT.	LODGING AMT.	LIST MISC ITEM	MISC ITEM AMT.	TOTAL AMOUNT
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
		TOTAL	0							0.00

DATE	PURPOSE OF TRIP		
		TOTAL MILES: 0 **AT** 0.700 **¢ PER MILE**	**$** 0.00
		TOTAL REIMBURSABLE EXPENSES	**$** 0.00
		LESS CASH ADVANCED (CHK#)	**$**
		BALANCE DUE YOU	**$**
		BALANCE DUE THE COLLEGE	**$**

ACCOUNTING DISTRIBUTION: MUST BE COMPLETED CORRECTLY.

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	AMOUNT

AUTHORIZED SIGNATURES:

REQUESTOR/ BUDGET MANAGER _____ DATE _____

SUPERVISOR(S) _____ DATE _____

VICE PRESIDENT/ PRESIDENT _____ DATE _____

CONTROLLER _____ DATE _____

INVOICE NUMBER _____