

TRAVEL EXPENSE VOUCHER

for 2026

V#

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

Name: _____

ADDRESS

CITY, STATE, ZIP _____

INSTRUCTIONS: After completing this form, retain 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
									0.00
TOTAL		0							0.00
DATE	PURPOSE OF TRIP								
		TOTAL MILES: 0 AT 0.76 ¢ 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/ _____ DATE _____
BUDGET MANAGER _____

SUPERVISOR(S) _____ DATE _____

VICE PRESIDENT/
PRESIDENT _____ DATE _____

CONTROLLER _____ DATE _____

INVOICE NUMBER