

TRAVEL EXPENSE VOUCHER - SAMPLE FOR STUDENT

Revised January 2016

Name: **John Doe**
 Banner ID: **@83045382**
 Purpose of Travel:

Deliver check to (mailing address):
1492 Commonwealth Drive
Indiana, PA 15701

DEPARTMENT USE ONLY		
Cost Center/WBSE	Commitment Item	Amount
	615175	
	615175	
	615175	
	Total	\$0.00

Professional presentation at the American College of Sports Medicine (ACSM) Conference

TRAVEL OFFICE USE ONLY
 Vendor Number: _____ 1099
 Travel Officer: _____ Date: _____ Yes No

Date	Leave Time	Return Time	List Locations	Pers Auto Miles	Cash You Paid
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3/9/2009

Total Miles	150	
Rate Per Mile	\$0.540	
Totals:	\$81.00	470.00
A	B	C
Total Reimbursement (A+B+C)		

I certify that the statements and expenses claimed are in accordance with established university travel policies and were incurred in the performance of official duties.

 Traveler's Signature Date Authorizing Signature Date

Student:
after travel is complete. All receipts must be originals and must show proof of purchase. STUDENTS ARE NOT ELIGIBLE FOR FOOD REIMBURSEMENT.
Dept: *Apply dept cost center, maximum amount to be funded, and signature. Forward original travel voucher and receipts to Travel Office, B18 Clark Hall.*
Forward copy of travel voucher and copy of conference program to Asst Dean for Research, 122 Stright Hall to initiate transfer of funds.