

ESU TRAVEL EXPENSE VOUCHER

CONTROL # (Dates of travel)

Name:	Deliver check to:	Cost Center	Fund Source	General Ledger	Amount
Empl #					\$
Classification/Bargaining Unit:					\$
Justification/Destination:					\$
					\$
Purpose of Travel:	Direct Deposit Yes No	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	Actual Meal Expenses	Explanation	Cash You Paid
	1/1/22	0.585							
	1/1/21	0.560	Total Miles	0					
	1/1/20	0.575	Rate Per Mile	\$0.585					
	1/1/19	0.580	(A)						
	1/1/18	0.545	Totals	\$0.00		(B)	(C)		(D)
AUTHORIZING SIGNATURES						\$0.00	\$0.00		\$0.00
						Total Expenses (A+B+C+D):			\$0.00
						Net Due Traveler			

AUTHORIZING SIGNATURES

CHAIRPERSON _____
Date

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

TRAVELER SIGNATURE AND DATE