

ESU TRAVEL EXPENSE VOUCHER

CONTROL # (Dates of travel)

Name:				Deliver check to:		Cost Center		Fund Source	General Ledger	Amount
Empl #										
Classification/Bargaining Unit:									\$	
									\$	
									\$	
Purpose of Travel:				Direct Deposit Y N					\$	
									\$	
									\$	
									\$	
									\$	
						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	
					HOST HOTEL Y N					
	1/1/23	0.655	Total Miles	0						
	7/1/22	0.625	Rate Per Mile	0.655						
	1/1/22	0.585		(A)						
	1/1/21	0.560	Totals	\$ -						
AUTHORIZING SIGNATURES						(B)	(C)		(D)	
						\$ -	\$ -		\$ -	
CHAIRPERSON _____ Date _____ DEAN / DIRECTOR _____ Date _____ GRANTS OFFICER _____ Date _____ VICE PRESIDENT/PRESIDENT _____ Date _____						Total Expenses (A+B+C+D)		\$	\$0.00	
						Net Due Traveler				

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.