

ESU TRAVEL EXPENSE VOUCHER
CONTROL # (Dates of trave

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

	7/1/22	0.625		
	1/1/22	0.585	Total Miles	0
	1/1/21	0.560	Rate Per Mile	\$0.625
	1/1/20	0.575	(A)	
	1/1/19	0.580	Totals	\$0.00

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.

(B)	(C)		(D)
\$0.00	\$0.00		\$0.00
	Total Expenses (A+B+C+D):		\$0.00
	Net Due Traveler		