## 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 Lodgin			Miscellaneous		
Date	Time LV	Time RT	List of Locations	Pers	Provider Name	Cash You	Actual	Explanation	Cash You
				Auto	Hotel Order	Paid	Meal		Paid
				Miles	or Travel Order#		Expenses		
					HOST HOTEL Y N				
	1/1/25		Total Miles	0					
	1/1/24		Rate Per Mile						
	1/1/23			(A)					
	7/1/22		Totals	\$ -		(B)	(C)		(D)
	AUTHORI	ZING SIGNA	TURES			\$ -	\$ -		\$ -
							Total Expenses (A+B+C	C+D) \$	\$0.00
CHAIRPERSON							Net Due Traveler		
		Date							
DEAN / DIRECTOR						I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT, REASONABLE			
Date GRANTS OFFICER						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.			
GKAN15 OFFI	CEK	Date				I FURTHER CERTIFY THAT IF MY PERSONAL AUTOMOBILE WAS USED FOR UNIVERSITY			
VICE PRESIDENT/PRESIDENT						BUSINESS DURING THE PERIOD OF TRAVEL CLAIMED, INSURANCE COVERAGE WAS IN EFFECT.			
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