

TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

Department Contact and Billing Information:	BP	Obj	FY	Amount
Department Name: _____				
Department Contact Name: _____				
Email: _____ Phone: _____ Box: _____				
Is the payment to a U.S. Citizen or Permanent Resident?	Due Traveler Amount			

Traveler Information:

Banner ID (800#): _____ Email: _____ Phone: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

Has the Traveler's address changed since the last time a travel voucher was submitted?

Purpose of Trip:

Itinerary Information:

Lodging and Per Diem Rates available at gsa.gov/travel

Date	Departed From		Arrived At		Auto Mileage		Trans	Lodging	Meals / Per Diem	Other Expenses		Line Totals
	Place	Time	Place	Time	@					Item	Amt	
Totals												

AP Use Only

Entered by: _____

Date: _____

AP Use Only

Totals from Page 3	
Totals	

TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

Banner ID: _____

Traveler Name: _____

Expense Justification Information:

NOTE: For any P-Card use, please include the P-Card Transaction # in the Justification column.

Date	Expense Item	Justification

Was a registration fee paid?

Date of meeting: _____ To _____

Less: Amount Not Allowed _____

If yes, attach material which gives details of the fee paid.

Net Amount of Request _____

Was a personal vehicle utilized?

If yes, the traveler certifies that he/she is duly licensed and carries the minimum required insurance set forth in the Illinois Revised Statutes.

Less: Travel Advance _____

Was a University vehicle used?

Amount Due Traveler _____

Were any other forms of University funds (i.e. P-card, direct bill, TR form, paid to vendor (APID), paid by another employee) used to cover expenses for this travel?

If yes, itemize amount in Expense Justification area and attach copies to voucher.

Amount Due Univ. _____

I certify that , in accordance with Section 12 of the State Finance Act, the above amount is correct and just; that the detailed items charged for subsistence were paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner, and that I have not been furnished with transportation or money in lieu thereof for any part of the journey therein charged.

Traveler Signature

Date

Payment of interest may be available if the State fails to comply with the State Prompt Payment Act. (30 ILCS S40).

This certifies that the travel shown above was required by the official duties of the traveler named to my personal knowledge, or as indicated by records submitted to me. If applicable, the reporting requirements of Section 5.1 of An Act to Create the Bureau of Budget have been met.

Fiscal Officer Signature Date Budget Purpose

Fiscal Officer Signature Date Budget Purpose

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Office of Research and Projects Date
(Grant Accounts only)

Additional Approval as Appropriate Date

TRAVEL EXPENSE VOUCHER

Southern Illinois University Edwardsville

Banner ID: _____

Traveler Name: _____

Additional Itinerary Information:

Date	Departed From		Arrived At		Auto Mileage		Trans	Lodging	Meals / Per Diem	Other Expenses		Line Totals
	Place	Time	Place	Time	@					Item	Amt	
Totals - Page 3												

Additional Expense Justification:

Date	Expense Item	Justification