



# Travel Expense Voucher

Voucher Number \_\_\_\_\_

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Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

Address \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Travel Agency \_\_\_\_\_ Amount \_\_\_\_\_

Work station \_\_\_\_\_

Social Security Number \_\_\_\_\_

Campus phone \_\_\_\_\_

Inclusive hours necessary, subject to state regulations, for meal reimbursement:  
 Breakfast – 6:30 a.m. to 9 a.m.  
 Lunch – 11 a.m. to 2 p.m.  
 Dinner – 5 p.m. to 9 p.m.

Mo.	Day	Left a.m./p.m.	Returned a.m./p.m.	From	To	Personal Vehicle Mileage	Lodging	Groups Special Meals	Meals Reg./High	TOTALS
								B _____ L _____ D _____	B 7 8 L 8 9 D 15 19	
<b>Purpose of trip:</b>										
								B _____ L _____ D _____	B 7 8 L 8 9 D 15 19	
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I certify that the amounts claimed are properly charged by an individual performing official duty and this claim is true and correct to the best of my knowledge.

Employee \_\_\_\_\_ / / Date \_\_\_\_\_

Supervisor \_\_\_\_\_ / / Date \_\_\_\_\_

Department Head or Other \_\_\_\_\_ / / Date \_\_\_\_\_

President \_\_\_\_\_ / / Date \_\_\_\_\_

Accounting and Budgetary Control \_\_\_\_\_ / / Date \_\_\_\_\_

Total for lodging and meals	
Total personal vehicle miles _____ at _____ per mile	
Other expenses from reverse side and continuation pages	
Grand Total (individual expenses)	
Less amount not to be reimbursed	
Net total due individual	
<b>(Accounting and Budgetary Control use only below)—Adjustments</b>	
Net total paid to individual	
Amount paid to travel agency	
Invoice No.	
Verifier's initials	

Will you receive any form of compensation or expense reimbursement directly from any source other than Morehead State University?  
 yes  no If yes, explain \_\_\_\_\_

Special handling \_\_\_\_\_



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