



# Travel Expense Voucher

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

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

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

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

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

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

MSU ID 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	
Purpose of trip:										
								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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