Travel Voucher

Illinois State University
Normal, IL 61790

Voucher Number _____

Voucher Date _____

1. Purpose of Travel	2. Traveler name and Address - Payee	3. UID	###-##-####
Attend and present at the Business Administrative Association Conference in Boston held 7/10-13. Also attended a preconference session on 7/9.	Jane Doe Campus Address	4. Job Title	Assistant Professor
		5. Headquarters	ISU
		6. Residence	Springfield
		7. License Plate #	A11 4289

8. Date	9. Departed From Place	9. Departed From Time	10. Arrived At Place	10. Arrived At Time	11. Auto Mileage	12. Auto Reimbursement ~~@ .565~~ @ 57.5	13. Trans	14. Lodging	15. Meals or Per Diem	16. Other Expenses Item	16. Other Expenses Amount	17. Line Totals
7/8/2013	Springfield	5:00 AM	ORD	9:00 AM	130.0	$ 73.45						$ 73.45
	ORD	11:00 AM	Boston, MA	4:00 PM		$ --.--	$ 425.25	$ 126.40	$ 32.00	shuttle	$ 19.00	$ 602.65
						$ --.--				baggage	$ 25.00	$ 25.00
						$ --.--				tip - baggage	$ 3.00	$ 3.00
7/9/2013						$ --.--		$ 126.40	$ 25.50			$ 151.90
7/10/2013						$ --.--		$ 126.40	$ 6.50			$ 132.90
7/11/2013	Boston, MA	2:30 PM	ORD	5:05 PM		$ --.--			$ 25.50	shuttle	$ 21.00	$ 46.50
	ORD	5:30 PM	Springfield	9:30 PM	130.0	$ 73.45				baggage	$ 25.00	$ 98.45
						$ --.--				parking	$ 52.00	$ 52.00
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
					260.0	$ 146.90	$ 425.25	$ 379.20	$ 89.50	Sub Totals	$ 145.00	

Exp. Obj.	18. Notes	19. Total Amount	$ 1,185.85
1291	Lodging shared with Jane drove and is to be reimbored for gas. Jen+Jack rode with Jane		
1292	Mileage adjusted for commute miles.	Reimbursements should be submitted within 60 days of completion of travel; otherwise, the reimbursement may be considered taxable income.	
Total Exp.			

I certify that, in accordance with Section 12 of "An Act in Relation to State Finance", the above amount is correct and just; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays requiring my stay at hotels for the time specified; that I performed the journey 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; and that if reimbursement for use of a private automobile is requested, I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code.

20. Traveler's Signature	21. Date

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, and that I pre-approved any conference room rates that exceed the reimbursement schedule.

22. Account Number	23. Account/Department	24. Approved Amount	25. Fiscal Agent Approval