# Travel Voucher

Illinois State University
Normal, IL 61790

**Voucher Number** _____

**Voucher Date** _____

| 1. Purpose of Travel | 2. Traveler name and Address - Payee | 3. UID # | 800-00-0000 |
|---|---|---|---|
| | Jane Doe | 4. Job Title | Graduate Teaching Assistant |
| Attended and presented at the Buiness Association conference 07/10-07/11/18 and preconference session on 07/09/18 | Campus Box 4480 | 5. Headquarters | ISU |
| | | 6. Residence | Bloomington, IL |
| | | 7. License Plate # | |

| 8. Date | 9. Departed From Place | 9. Departed From Time | 10. Arrived At Place | 10. Arrived At Time | 11.Auto Mileage | 12. Auto Reimburse-ment @.545 | 13. Trans | 14. Lodging | 15. Meals or Per Diem | 16. Other Expenses Item | 16. Other Expenses Amount | 17. Line Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/8/2018 | Bloomington, IL | 5:00 AM | Boston | 1:15 PM | | $ --.-- | $ 300.19 | $ 175.82 | | baggage | $ 25.00 | $ 501.01 |
| | | | | | | $ --.-- | | | | shuttle and tip | $ 19.00 | $ 19.00 |
| 7/9/2018 | | | | | | $ --.-- | | $ 175.82 | | | | $ 175.82 |
| 7/10/2018 | | | | | | $ --.-- | | $ 175.82 | | | | $ 175.82 |
| 7/11/2018 | | | | | | $ --.-- | | $ 175.82 | | | | $ 175.82 |
| 7/12/2018 | Boston | 6:00 AM | Bloomington, IL | 11:45 PM | | $ --.-- | | | | shuttle and tip | $ 21.00 | $ 21.00 |
| | | | | | | $ --.-- | | | | baggage | $ 25.00 | $ 25.00 |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | | $ --.-- | | | | Registration | $ 425.00 | $ 425.00 |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | | $ --.-- | | | | | | $ --.-- |
| | | | | | --.- | $ --.-- | $ 300.19 | $ 703.28 | $ --.-- | Sub Totals | $ 515.00 | |

| Exp. Obj. | 18. Notes | 19. Total Amount | $ 1,518.47 |
|---|---|---|---|
| 1291 | **Put here who you shared lodging with and if you drove who you drove/rode with. Only put your license plate number on form if you drove your car.** | | |
| 1292 | | 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 |
|---|---|---|---|
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