Employee Travel Expense Voucher

Northwest Missouri State University

Accounting Office 660-562-1360

Reset Form

ID: 9 1 9 | Date: _____ | Accounting Office Use Only: Banner Inv #: I

Name: _____ Office Address: _____ Department: _____

Home Address: _____

Instructions: Please attach receipts for lodging, travel and miscellaneous expenses. Explain all miscellaneous items below. If more than one person is included in cost of meals, list names. Keep a copy of this document, send original copy and receipts to Account Office, AD105.

Date	From/To & Purpose	Miles	Breakfast	Lunch	Dinner	Lodging	Air	Misc*	Total
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
Totals Of Above:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

University Vehicle (Y/N): Yes Total Miles: 0.00 FY1112 - $0.42 per mile 0.00

Purpose Of Trip: _____ Total Reimbursement Expense: 0.00

Date	*Explanation of Miscellaneous	Date	*Explanation of Miscellaneous	Date	*Explanation of Miscellaneous

I do solemnly swear "or affirm" the above claim is correct and just, that the expense was necessary to the public business of the University, that payment has been made from University cash advance or personal funds and that I have not been reimbursed therefore, and I have not received and will not receive from any source whatever any payment or any part thereof except as provided by law.

Claimant Signature: _____ Title: _____ Date: _____

Approval Signature: _____ Title: _____ Date: _____

Account Distribution:

Fund	Org	Account						Prog
		7104 Mileage	7105 Lodging	7108 Airline	7110 Auto Rental	7106 Meals	7107 Misc	