

Employee Travel Expense Voucher
Northwest Missouri State University
 Accounting Office 660-562-1728

ID: 9 1 9

Date: _____

Accounting Office Use Only: Banner Inv #:

I

Name: _____ Department: _____

Campus or Mailing Address: _____

Instructions: Attach all itemized paid receipts. Refer to University Expense Procedure to ensure all transactions are approved for reimbursement and documentation is complete on all receipts. Explain all miscellaneous expenses. Submit original copy with all receipts and approval signatures to Accounting Office, AD105.

Purpose Of Travel: _____

Select One:

- No Overnight Stay Lodging paid via University card
 Other _____ Lodging paid via personal means and seeking reimbursement

Date	From/To or *Explanation of Misc	Miles	Breakfast	Lunch	Dinner	Lodging	Air	*Misc	Total
Totals Of Above:									
Total Miles:			At:			¢ per mile			
Total Reimbursement Expense:									

I have reviewed the University Expense Procedure and all transactions comply to the Procedure. 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	

Total FOAP must match **Total Reimbursement Expense** from above: _____