

Traveler's Name and Department:

Banner Employee Number:

Headquarters:

Residence:

Dept. Contact & Phone:

TRAVEL VOUCHER

Eastern Illinois University

Voucher No. **T**

Means of Transportation:

Fleet Car Personal Auto

Date	Departed From		Arrived At		Auto Miles	Auto Reimb @.535	Transp	Lodging Conf Y <input type="checkbox"/> N <input type="checkbox"/>	Per Diem	Other Expenses	
	Time	Place	Time	Place						Item	Amount
COLUMN TOTALS											

Purpose of Travel	Traveler's Comments/Explanations:
--------------------------	--

<p>I certify that in accordance with Section 12 of "An Act in Relations to State Finance", the above amount is correct and just; that the detailed items charged within are taken and verified from memorandum kept by me; that the amount charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, manner, and that I have not been furnished with transportation or money in lieu thereof for any part. (If driving personal vehicle) I certify that I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code.</p>	TOTAL EXPENSES	
	LESS AMOUNT PAID on PCard/Direct Bill (Attach Copies of Receipts)	
	TOTAL REIMBURSABLE	

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.

Traveler's Signature: _____ **Date:** _____

Organization #	Organization Name	Financial Manager Approval*	Amount Approved	Date

*Supervisor Approval (if not Financial Mgr) _____ Date _____

Outside of Country Approval:
 Vice President _____ Date _____ President _____ Date _____

Accounts Payable Use Only:	
Vendor _____	
_____	-\$ _____
_____	-\$ _____