Traveler's Name and Department:

Banner Employee Number:

Headquarters:

Residence:

Dept. Contact & Phone:

TRAVEL VOUCHER

Eastern Illinois University

Voucher No. **T** 54223

Means of Transportation:

Fleet Car ☐ Personal Auto ☐

Date	Departed From		Arrived At		Auto Miles $ 0.58	Auto Reimb	Transp	Lodging Conf Y☐ N☐	Per Diem	Other Expenses	
	Time	Place	Time	Place						Item	Amount
						$0.00					
						$ 0.00					
						$ 0.00					
						$ 0.00					
						$ 0.00					
						$ 0.00					
						$ 0.00					
						$ 0.00					
						$ 0.00					
				COLUMN TOTALS	0.0	0.00	0.00	0.00	0.00		0.00

Purpose of Travel	Traveler's Comments/Explanations:

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 transporation 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.

TOTAL EXPENSES	$ 0.00
LESS AMOUNT PAID on PCard/Direct Bill (Attach Copies of Receipts) Enter as a Negative Number	
TOTAL REIMBURSABLE	$ 0.00

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

_____ _$_____

_____ _$_____

Clear

Send Original to Accounts Payable