TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Department (Contact Infori	mation:												
		Name:							[
		Email:				Р	hone:			2-EE				
		Departm	nent:					MC:						
Department: MC: Traveler Information											2019			
AIS Employee #	# :	Emai	l:				Phone:							
Last Name:										Accounts Payable Use Only				
A -1 -1								Accounts I ayable use omy						
City:					State:	Zi	p:		_					
Purpose of Trip														
(state briefly):										Date:				
										Entered By: _				
Itinerary Info	rmation													
	Departed	From	Arrived At		Auto	Auto	I	I	Meals/Per	Other Exp	enses			
Date	Place	Time	Place	Time		Reimb	Trans	Lodging	Diem	Item	Amount	Line Totals		
											<u> </u>			
											1			
		•	Tot	als										
					,			•		•		,		
Justification		oroity B Co	rd DP Direct P	illod	IDE Inv	nico Diotrik	ution Form	n TE	Travalaria	Funda OF (Other Funda	(Describe)		
FUNDS Legend: PC - University P-Card DB - Direct Billed IDF - Invoice Distribution Form TF - Traveler's Funds OF - Other Funds (Description DATE EXPENSE ITEM FUNDS JUSTIFICATION								(Describe)						

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Last Name:			First Nan	ne:			MI:					
Dates of Travel:		То				Accounts Pay	vable Use Only	TOTAL EXPENSES				
Dates of Meeting:		То				Clerk	CUSAS Code	LESS: AMOUNT NOT ALLOWED				
Was a registration f		Yes details of the f				 Date		NET AMOUNT OF REQUEST				
Was a personal veh	certifies that he		ensed and carr				LESS: TRAVEL ADVANCE					
minimum required Was a university ve		_		itutes.				AMOUNT DUE TRAVELER				
Were any University If yes, indicate those						◯ Yes ◯ No		AMOUNT DUE UNIVERSITY (ATTACH CHECK)				
I certify that , in acc Finance", the above charged for subsist official business or specified; that the jushortest route usual I have not been fur part of the journey	e amount is contence were paid unavoidable de ourney was per ally traveled in the nished with tran	rect and just; the ; that the exper lays requiring to fomed with all pre customary re sportation or m	nat the detailed nses were occi he stay at hote practicable dis easonable mar	I items asioned els for th patch by nner, an	by le time the d that	Payment of interest may be available if the state fails to comply with Prompt Payment Act. (3OILCS 540/Q.01) 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. If applicable, the reporting requirements of Section 5.1 An Act to Create the Bureau of Budget have been met.						
	Traveler Signatu	ure										
Distribution Info		5.0	00.505			****						
BP	DA1	DA2	OBJECT	SOF	FFY	AMOUNT						
				l								
Signature Inform	mation											
Budget Purpose	Date	Fisca	al Officer Signa	ature		Budget Pur	pose Date	Fiscal Office	r Signature			
Budget Purpose	Date	Fiscal Officer Signature				Budget Pur	pose Date	Fiscal Officer Signature				
Budget Purpose	Date	Fisca	al Officer Signa	ature		Additional Approval as Appropriate Date						

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Last Name:		MI:												
Itinerary Information														
Date	Departed From Place Time		Arrived At Place Ti		Time	Auto Mileage	Auto Reimb	Trans	Lodging	Meals/ Per Diem	Other Exp		enses Amount	Line Totals
Justification	n Information													
	end: PC - Univ						ice Distrib	ution Forn					Other Funds	(Describe)
DA	ATE	EX	PENSE	ITEM	FU	INDS				JUSTIFIC	ATION	1		
1														