# TRAVEL EXPENSE VOUCHER

## SOUTHERN ILLINOIS UNIVERSITY

Department (	Contact Infor	mation:										
		Name:_							[			
										2-EE		
		Departm	nent:					MC:				
Department: MC:  Traveler Information											2020	
AIS Employee #	<b>#</b> :	l:	Phone:									
Last Name:										Accounts Payable Use Only		
A -1 -1								Accounted t dyusic case only				
City:					State:	Zi	ip:		_			
				<del></del>								
Purpose of Trip										Data:		
(state briefly):												
										Entered By:		
Itinerary Info	rmation											
Date	Departed	From	Arrived At		Auto	Auto	Trans	Lodging	Meals/Per	Other Ex	penses	Line Totals
Date	Place	Time	Place	Time	Mileage	Reimb	Halls	Lodging	Diem	Item	Amount	Line rotais
											+	
											+	
											+	
				<u> </u>				<u> </u>		1		
			Tot	als								
Justification	Information											
	nd: PC - Univ					oice Distrib	oution Forn	n TF-	Traveler's		Other Funds	(Describe)
DATE EXPENSE ITEM					UNDS				JUSTIFIC	CATION		

# TRAVEL EXPENSE VOUCHER

## SOUTHERN ILLINOIS UNIVERSITY

Last Name:			First Nan	ne:			MI:					
Dates of Travel:		То				Accounts Pa	ayable Use Only	TOTAL EXPENSES				
Dates of Meeting:		То				Clerk	CUSAS Code	LESS: AMOUNT NOT ALLOWED				
Was a registration of the second seco		Yes details of the f						NET AMOUNT OF REQUEST				
Was a personal vel	certifies that he		ensed and carr				LESS: TRAVEL ADVANCE					
minimum required Was a university ve				itutes.				AMOUNT DUE TRAVELER				
Were any Universit If yes, indicate tho	ty funds (i.e. "P" se items direct l	card) used to poilled and enter	oay for any iter as "Amount n	nized ar ot Allow	mounts? ed".	○ Yes ○ N	lo	AMOUNT DUE UNIVERSITY (ATTACH CHECK)				
I certify that , in acc Finance", the abov charged for subsist official business or specified; that the j shortest route usua I have not been fur part of the journey	e amount is cor tence were paid unavoidable de ourney was per ally traveled in the rnished with trar	rect and just; tr ; that the expendays requiring to fomed with all place customary reasonary rea	nat the detailed nses were occ he stay at hote oracticable dis easonable mai	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.						
Date	Traveler Signati											
Distribution Inf	ormation											
BP	DA1	DA2	OBJECT	SOF	FFY	AMOUNT						
Signature Infor	mation											
Budget Purpose	Date	Fiscal Officer Signature				Budget Pi	urpose Date	Fiscal Office	l Officer Signature			
Budget Purpose	Date	Fiscal Officer Signature				Budget P	urpose Date	Fiscal Officer Signature				
Budget Purpose	Date	Fisca	al Officer Signa	ature		Additional Approval as Appropriate Date						

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## SOUTHERN ILLINOIS UNIVERSITY

Last Name:	First Name: MI:												
Itinerary Information													
Date	Departed From Place Time		Arrived At Place	Time	Auto Mileage	Auto Reimb	Trans	Lodging	Meals/ Per Diem	Item	Other Exp	enses Amount	Line Totals
				1									
Justification	Information												
			d DB - Direct Bi		IDF - Invo	ice Distrib	ution Forn					Other Funds	(Describe)
DA	TE	EX	(PENSE ITEM	FU	INDS				JUSTIFIC	ATION	J		