TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Department Contact Information:			
Name:			
Email:		Phone:	2-EE
Depart	tment:	MC:	
Traveler Information			2021
AIS Employee #: Emp	ail:	Phone:	
Last Name:	First Name:	MI:	Accounts Payable Use Only
Address:			
City:	State:	Zip:	
Purpose of Trip (state briefly):			 Date: Entered By:

Itinerary Information

Date	Departed Fro Place	m Time	Arrived At Place	Time	Auto Mileage	Auto Reimb	Trans	Lodging	Meals/Per Diem	Other Expe Item	enses Amount	Line Totals
Totals												

Justification Information FUNDS Legend: PC - University P-Card DB - Direct Billed IDF - Invoice Distribution Form TF - Traveler's Funds OF - Other Funds (Describe) DATE EXPENSE ITEM FUNDS JUSTIFICATION Image: Structure of the structur



TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Last Name:	First Name:		MI:		
Dates of Travel: To		Accounts Pa	ayable Use Only	TOTAL EXPENSES	
Dates of Meeting: To		Clerk	CUSAS Code	LESS: AMOUNT NOT ALLOWED	
Was a registration fee paid? Ores Ores Office yes, attach material which gives details of the		Date		NET AMOUNT OF REQUEST	
Was a personal vehicle utilized? Yes If yes, the traveler certifies that he/she is duly lid minimum required insurance set forth in the Illin	censed and carries the			LESS: TRAVEL ADVANCE	
Was a university vehicle utilized? Yes				AMOUNT DUE TRAVELER	
Were any University funds (i.e. "P" card) used to If yes, indicate those items direct billed and ente		? () Yes () N	o	AMOUNT DUE UNIVERSITY (ATTACH CHECK)	
I certify that , in accordance with Section 12 of " Finance", the above amount is correct and just; charged for subsistence were paid; that the expo official business or unavoidable delays requiring	that the detailed items enses were occasioned by	Payment Act. (erest may be available 3OILCS 540/Q.01) nat the travel shown abo		

official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was perfomed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner, and that I have not been furnished with transportation or money in lieu thereof for any part of the journey therein charged for.

Traveler Signature

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.

Distribution Information										
BP	DA1	DA2	OBJECT	SOF	FFY	AMOUNT				

Signature Information

Date

Budget Purpose	Date	Fiscal Officer Signature	Budget Purpose	Date	Fiscal Officer Signature
Budget Purpose	Date	Fiscal Officer Signature	Budget Purpose	Date	Fiscal Officer Signature
Budget Purpose	Date	Fiscal Officer Signature	Additional Approval	as Appropriate	Date

TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Last Name:			First Na	me:	MI:			l:					
Itinerary In	formation												
Date	Departed From Place	m Time	Arrived At Place	Time	Auto Mileage	Auto Reimb	Trans	Lodging	Meals/ Per Diem	Other Expenses n Item Amount		Line Totals	

Justification Information

FUNDS Legend: PC - Un	iversity P-Card DB - Direct Bille		Invoice Distribution Form	TF - Traveler's Funds	OF - Other Funds (Describe)
DATE	EXPENSE ITEM	FUNDS		JUSTIFICATION	
		_			