

TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Department Contact Information:

Name: _____

Email: _____ Phone: _____

Department: _____ MC: _____

Traveler Information

AIS Employee #: _____ Email: _____ Phone: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of Trip
(state briefly):

2-EE

2024

Accounts Payable Use Only

Date: _____

Entered By: _____

Itinerary Information

Date	Departed From		Arrived At		Auto Mileage	Auto Reimb	Trans	Lodging	Meals/Per Diem	Other Expenses		Line Totals
	Place	Time	Place	Time						Item	Amount	

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

Mileage Rate: _____



1234567890

TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Last Name: _____ First Name: _____ MI: _____

Dates of Travel: _____ To _____

Dates of Meeting: _____ To _____

Was a registration fee paid? Yes No
If yes, attach material which gives details of the fee paid.

Was a personal vehicle utilized? Yes No
If yes, the traveler certifies that he/she is duly licensed and carries the minimum required insurance set forth in the Illinois Revised Statutes.

Was a university vehicle utilized? Yes No

Were any University funds (i.e. "P" card) used to pay for any itemized amounts? Yes No
If yes, indicate those items direct billed and enter as "Amount not Allowed".

<u>Accounts Payable Use Only</u>	
Clerk _____	CUSAS Code _____
Date _____	

TOTAL EXPENSES	
LESS: AMOUNT NOT ALLOWED	
NET AMOUNT OF REQUEST	
LESS: TRAVEL ADVANCE	
AMOUNT DUE TRAVELER	
AMOUNT DUE UNIVERSITY (ATTACH CHECK)	

I certify that, in accordance with Section 12 of "An Act in Relation to State Finance", the above amount is correct and just; that the detailed items charged for subsistence were paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed 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.

Date _____ Traveler Signature _____

Payment of interest may be available if the state fails to comply with Prompt Payment Act. (30ILCS 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.

Distribution Information						
BP	DA1	DA2	OBJECT	SOF	FFY	AMOUNT

Signature Information

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	

OSPA Grant Assignee Signature Date

TRAVEL EXPENSE VOUCHER

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	Other Expenses Item	Amount	Line Totals

Justification Information

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