### TRAVEL EXPENSE VOUCHER

#### SOUTHERN ILLINOIS UNIVERSITY

Department (	Contact Inform	nation:											
		Name: _											
			P	hone:		2-EE	,						
		Departm	nent:					MC:					
Traveler Info	rmation							2025					
AIS Employee #	<b>t</b> :	Emai	l:				Phone: _						
Last Name:			First N	First Name:MI:					Accounts Payable Use Only				
Address:													
City:					State:	Zi	ip:						
Purpose of Trip													
(state briefly):													
										Entere	d By:		
Itinerary Info	rmation												
Date	Departed	From	Arrived A	۸t	Auto	Auto	Trans	Lodging	Meals/Per	Ot	her Expe	nses	Line Totals
Date	Place	Time	Place	Time	Mileage	Reimb	Halis	Louging	Diem	Item		Amount	Line Totals
					1		1						
			Т	otals							L		
Justification													
	nd: PC - Unive		rd DB - Direct XPENSE ITEM		IDF - Invo	oice Distrib	oution Forr	n TF -	Traveler's		OF - Ot	her Funds (	(Describe)

Mileage Rate:

ACP 0300 01/25



# 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 for If yes, attach mater		Yes O			 Date		NET AMOUNT OF REQUEST					
Was a personal veh	certifies that he/s	Yes O	ensed and carr	ies the			LESS: TRAVEL ADVANCE					
minimum required it Was a university ve				itutes.								
Were any University If yes, indicate thos	/ funds (i.e. "P" case items direct bill	ard) used to led and ente	pay for any iter r as "Amount n	mized ar ot Allow	mounts? ⁄ed".	○ Yes ○ N						
I certify that , in acc Finance", the above charged for subsiste official business or specified; that the jo shortest route usual I have not been furr part of the journey t	e amount is corre- ence were paid; t unavoidable dela burney was perfo lly traveled in the nished with transp	ct and just; th hat the expe ys requiring t med with all customary r portation or n	nat the detailed nses were occ the stay at hote practicable dis easonable mar	l items asioned els for th patch by nner, an	by ne 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 A to Create the Bureau of Budget have been met.						
Distribution Info	ormation											
BP	BP DA1 DA2 OBJECT SO		SOF	FFY	AMOUNT							
	,			•								
Signature Inform	nation											
								_				
Budget Purpose	Date	Fiscal Officer Signature				Budget P	urpose Date	Fiscal Offic	er Signature			
Budget Purpose	Date -	Fisca	al Officer Signa	ature		Budget Purpose Date Fiscal Officer Signature						
Budget Purpose	Date -	Fisca	al Officer Signa	ature		Additional Approval as Appropriate Date						
OSPA Grant As	ssignee Signature	—— —— e С	Date									

# TRAVEL EXPENSE VOUCHER

### SOUTHERN ILLINOIS UNIVERSITY

Last Name:			First N		MI:								
Itinerary Information													
Date	Departed From Place Time		Arrived At	Time	Auto Mileage	Auto Trans Lodo		Lodging	ging Meals/ Per Diem Item		Other Expenses em Amount		Line Totals
												<del> </del>	
												-	
		l	<u> </u>				I	1	1	I		.1	
Justification	Information												
		it D. Co	DD Direct C	:11 = =1	IDE lave	ia a Diataila		. TE	Tuescalente		- 05 (	Other Errords	(December)
DA	end: PC - Unive		d DB - Direct B		IDF - Invo	ice Distrib	ution Forn		JUSTIFIC			Other Funds	(Describe)
		LA	I LINGE IT LIVI	10	NOS				30311110	ATION	-		

ACP 0300 01/25 Form must be typed.
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