

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

