TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Department (Contact Inform	nation:											
		Name: _											
			P	hone:		2-EE							
		Departm	nent:					MC:					
Traveler Info	rmation								2026				
AIS Employee #	t:	Emai	l:				Phone: _						
Last Name:			First N	First Name: MI: 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	ıt.	Auto	Auto	Trans	Lodging	Meals/Per	Ot	her Expens	ses	Line Totals
Date	Place	Time	Place	Time	Mileage	Reimb	Halis	Louging	Diem	Item		Amount	Line Totals
					1		1		1	1			
			Т	otals									
Justification													
	nd: PC - Unive		rd DB - Direct XPENSE ITEM		IDF - Invo	oice Distrib	oution Forr	n TF -	Traveler's		OF - Oth	er Funds ((Describe)

Mileage Rate:

ACP 0300 07/25



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SOUTHERN ILLINOIS UNIVERSITY

Last Name:			First Nan	ne:			MI:					
Dates of Travel: _		To				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 carı	ies the			LESS: TRAVEL ADVANCE					
minimum required it Was a university ve				itutes.				AMOUNT DUE TRAVELER				
Were any University If yes, indicate thos	/ funds (i.e. "P" c se items direct bil	ard) used to led and ente	pay for any iter r as "Amount n	mized ar ot Allow	mounts? ed".	○ Yes ○ N	No	AMOUNT DUE UNIVERSITY (ATTACH CHECK)				
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; the unavoidable dela ourney was perfo lly traveled in the nished with trans	ct and just; the that the expe ys requiring med with all customary reportation or nor.	nat the detailed nses were occ the stay at hote practicable dis easonable mai	l 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 A to Create the Bureau of Budget have been met.						
Distribution Info	ormation											
BP DA1 DA2 OBJECT			SOF	FFY	AMOUNT							
	I			ı								
Signature Inform	nation											
Budget Purpose	Date	Fiscal Officer Signature				Budget P	urpose Date	Fiscal Offic	er Signature			
Budget Purpose	Date	Fisc	al Officer Signa	ature		Budget P	Budget Purpose Date Fiscal Officer S					
Budget Purpose	Date	Fisc	al Officer Signa	ature		Additional Approval as Appropriate Date						
OSPA Grant As	ssignee Signatur	 е [Date									

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Last Name:			First N		MI:								
Itinerary Information													
Date	Departed From Place Time		Arrived At	Time	Auto Mileage	Auto Reimb	Trans	Lodging	Meals/ Per Diem	Item	Other Exp	enses Amount	Line Totals
												 	
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		l	<u> </u>				I	1	1	l		.1	
Justification	Information												
		it D. Co	DD Direct C	:11 = 21	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)
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