SHIPPENSBURG UNIVERSITY (PLEASE TYPE OR PRINT LEGIBLY USING BALLPOINT PEN.) TRAVEL EXPENSE VOUCHER										PAGE OF				
TRAVELER'S	NAME	E DEPARTMENT/OFFICE									AR COST	CENTER	GL ACCOUNT	AMOUNT
			OPERATOR'S LICE!	NSE#			HEADQUARTERS 1							
HOME ADDR	ESS													
ALL PAYMENTS WILL BE MAILED TO THE DESIGNATED DEPT./OFFICE. EACH TRAVELER MAY CLAIM ONLY HIS OR HER EXPENSES.														
DATE		ITINERARY TRANSPORTATION ²					LODGING ³ MEALS ⁴			N	MISCELLANEOUS			
YEAR	TIM LV	E RET	LOCATION(S)	PERS. AUTO MILES	UNIV. CAR/VAN/BUS (Circle One) OR NAME OF CARRIER AND T.O. #	CASH YOU PAID	NAME OF HOTEL OR NAME OF HOTEL AND H.O. #	CASH YOU PAID	CASH YOU PAID		REGIST./CONFERENCE FEES ⁵ ; PARKING, TOLLS, OTHER ⁶		CASH YOU PAID	TOTAL
DATE			PURPOSE OF TRAVEL/COMMEN	TS										
														-
														-
														-
I am unable to operate a motor vehicle because of my disability; therefore, I have not completed the section requiring a driver's license number. PERSON AUTO @ #MILE													¢ MILE	
MY NORMAL WORKING HOURS ARE to to								TOTAL REIMBURSEMENT CLAIMED						
I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT AND REASONABLE, AND WERE INCURRED IN THE PERFORMANCE OF UNIVERSITY DUTIES, AND THAT I HAVE NOT AND WILL NOT ACCEPT REIMBURSEMENT OF ANY OF THESE EXPENSES FROM ANY OTHER SOURCE.														-
OFFICIAL USE ONLY													ONLY	
							RAVEL FUN	AVEL FUNDING APPROVAL/DATE:						
TRAVELER SIG	INATUKE		L	MIE	SUPERVISOR SIGNATI	JNE		DATE	F	PAY	COST C	ENIER	GL ACCT.	AMOUNT
EMPLOYEES AND SUPERVISORS ARE RESPONSIBLE FOR INSURING THAT EXPENSES CLAIMED ON TRAVEL EXPENSE VOUCHERS ARE PROPER AND ACCURATE. THIS FORM MUST BE RECEIVED BY ACCOUNTS PAYABLE WITHIN 60 DAYS OF RETURN DATE.														