

**TRAVEL EXPENSE VOUCHER**

ORGANIZATION CODE	OBJECT CODE	PROJECT CODE	DATE REQUEST SUBMITTED

Name \_\_\_\_\_ Position:  Board Member  Employee Location \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
<b>Totals</b>											
<b><u>GRAND TOTAL:</u></b>											

**\* Tips in excess of 15% of the cost of food will not be approved.**

**Actual costs for meals will be reimbursed to a maximum of \$30 per day (receipts must show detail of purchases). Mileage will be reimbursed at the same rate as for state employees. Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.**

\_\_\_\_\_  
*Employee's Signature*                      *Date*                      *Approved By*                      *Date*

Received by: \_\_\_\_\_ Account Code: \_\_\_\_\_ P.O. # \_\_\_\_\_ Vendor # \_\_\_\_\_