



Travel Voucher

Illinois State University

Normal, IL 61790

Voucher Number _____

Voucher Date _____

1. Purpose of Travel	2. Traveler name and Address - Payee	3. UID #	
		4. Job Title	
		5. Headquarters	
		6. Residence	
		7. License Plate #	

8. Date	9. Departed From		10. Arrived At		11. Auto Mileage	12. Auto Reimbursement @ .56	13. Trans	14. Lodging	15. Meals or Per Diem	16. Other Expenses		17. Line Totals
	Place	Time	Place	Time						Item	Amount	
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											Sub Totals	\$ ---	
Exp. Obj. 1291 1292 Total Exp.	18. Notes										19. Total Amount	\$ ---	
													Reimbursements should be submitted within 60 days of completion of travel; otherwise, the reimbursement may be considered taxable income.

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 amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays requiring my stay at hotels for the time specified; that I performed the journey 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; and that if reimbursement for use of a private automobile is requested, I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code.

20. Traveler's Signature	21. Date
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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, and that I pre-approved any conference room rates that exceed the reimbursement schedule.

22. Account Number	23. Account/Department	24. Approved Amount	25. Fiscal Agent Approval