



Travel Voucher
Illinois State University
Normal, IL 61790

Voucher Number _____
Voucher Date _____

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|-----------------------------|---|--------------------|--|
| 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 @ .625 | 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 | | | | | | \$ --.--- | | | 19. Total Amount | | \$ --.--- | |

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|---|------------------|--|--|--|--|--|--|--|-------------------------|-----------|--|
| 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.

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| 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.

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| 22. Account Number | 24. Approved Amount | 25. Fiscal Agent Approval | Please indicate 'Approved in Colleague' if the Fiscal Agent approved in Colleague.. |
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