TRAVEL EXPENSE VOUCHER (COLLEGE CREDIT CARD EXPENSE)

NAME/BANNER ID _____ **DEPARTMENT** _____ **DATE:** _____

PURPOSE OF TRIP _____

	11/11/2024	11/12/2024	11/13/2024	11/14/2024	11/15/2024	11/16/2024	11/17/2024	TOTAL
Transportation:								
Air, Train, Bus								$ -
Personal Auto								$ -
Taxi								$ -
Subway								$ -
Tolls								$ -
Parking								$ -
Other (explain)								$ -
Subsistence:								
Hotel/Motel								$ -
Breakfast*Per Diem								$ -
Lunch*Per Diem								$ -
Dinner*Per Diem								$ -
Other (explain)								$ -
Miscellaneous (explanation required):								
Registration Fee								$ -
Other (explain)								$ -
TOTALS:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

I certify the above information to be complete and accurate to the best of my knowledge and belief.

_____
SIGNATURE OF PAYEE

*Meals need to remain within per diem. To view per diem rates please use gsa.gov and search location

(Attachment 4 to Policy FA 24-11, Cont'd.)

TRAVEL EXPENSE VOUCHER (REIMBURSEMENT EXPENSES ONLY)

NAME/BANNER ID _____ **DEPARTMENT** _____ **DATE:** _____

PURPOSE OF TRIP _____

	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TOTAL
Transportation:								
Air, Train, Bus								$ -
Personal Auto								$ -
Taxi								$ -
Subway								$ -
Tolls								$ -
Parking								$ -
Other (explain)								$ -
Subsistence:								
Hotel/Motel								$ -
Breakfast*Per Diem								$ -
Lunch*Per Diem								$ -
Dinner*Per Diem								$ -
Other (explain)								$ -
Miscellaneous (explanation required):								
Registration Fee								$ -
Other (explain)								$ -
TOTALS:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

I certify the above information to be complete and accurate to the best of my
knowledge and belief.

Amount Due Employee _____

Amount Due Others _____

_____
SIGNATURE OF PAYEE

*Meals need to remain within per diem.
Only receipted itemized expenses will be reimbursed.

(Attachment 4 to Policy FA 24-11)

GAO OCT-02