



Travel Expense Voucher Instructions

I. General Information

Complete the following fields

- Name
- Enter TU ID number in the Empl ID# field
- Address
- Date of travel
- Time of travel

II. Itemized Expense Work Sheet

- Enter GRH in the blank box under Registration
- Enter the amount of the taxi ride and the date in the column for the day of the travel.
Reimbursement will not exceed \$40.00.

III. Mileage Work Sheet – not applicable

IV. Petty Cash Reimbursement

Choose one of the two Petty Cash disbursement options.

V. Purpose of Travel

- Enter Alternative Transportation, GRH
- Include signature and date

VI. Travel Office Summary

For use by Working Fund

VII. Traveler/Department

For use by Parking & Transportation Services

***Sample expense voucher attached.**

Travel Expense Voucher

I. General Information:

Name: _____	Soc Sec #: _____	Student or Empl ID# <u>Student</u>	Complete Coding Block Below																								
Home Address: _____	Date of Trip: _____ to _____																										
Time Departed: _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		Time Returned: _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>																									
Is the Payee or beneficiary of this payment a U.S. Citizen or Permanent Resident Alien? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, provide Payee email address: _____		Enter the amount that you paid for airfare, hotel, and registration fees in the box opposite the payment method you used.																									
Is Payee a Towson Univ Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
Destination City: _____ State: _____																											
Working Fund Advance received? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Payment Method</th> <th style="width: 12.5%;">Airfare</th> <th style="width: 12.5%;">Hotel</th> <th style="width: 12.5%;">Registration Fee</th> </tr> <tr> <td>Diners Club Card</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Working Fund Advance Check</td> <td></td> <td></td> <td></td> </tr> <tr> <td>VISA Procurement Card</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Invoice</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Personal Cash/Charge Card</td> <td></td> <td></td> <td></td> </tr> </table>		Payment Method	Airfare	Hotel	Registration Fee	Diners Club Card				Working Fund Advance Check				VISA Procurement Card				Invoice				Personal Cash/Charge Card			
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VISA Procurement Card																											
Invoice																											
Personal Cash/Charge Card																											

*Please Note: Any amount entered in shaded boxes above should be entered into Section II, Itemized Expense Worksheet below

II. Itemized Expense Work Sheet:

	Date _____ Sunday	Date _____ Monday	Date _____ Tuesday	Date _____ Wednesday	Date _____ Thursday	Date <u>10/30</u> Friday	Date _____ Saturday	Total
Hotel room								0.00
Breakfast								0.00
Lunch								0.00
Dinner								0.00
Telephone								0.00
Fare								0.00
Taxi								0.00
Tolls								0.00
Parking								0.00
Registration								0.00
<u>GRH</u>						<u>38.00</u>		0.00
Mileage from Section III	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

III. Mileage Work Sheet – Must Use Military Time:

	Time		Territory Covered	Miles Traveled	Mileage x Rate =	Mileage Expense
	Start	End				
Sun					.55	0.00
Mon					.55	0.00
Tue					.55	0.00
Wed					.55	0.00
Thurs					.55	0.00
Fri					.55	0.00
Sat					.55	0.00

IV.

Petty Cash Reimbursement (\$100 or less)

Choose payment method below:

*Petty Cash disbursed by Payroll Office, Adm 4th floor

*Petty Cash disbursed by Payment Center- Enrollment Services, Room 336

Wire Transfer to Checking Acct

Check mailed if payee NOT enrolled in Payroll Direct Deposit program.

Purpose of Travel? GRH/Alternative Trans. - (Include the reason)

V. _____ Date: _____ Approved by: _____

Traveler's Signature "Certified just and correct" Authorized Budget Signature

VI. TRAVEL OFFICE SUMMARY

VII. Traveler/Department - Please complete shaded boxes below

Expense Amount: \$ _____	T.U. CODE BLOCK			Vendor Code:	
Advance Amount: \$ _____	Dept. / PS Account			Invoice #:	
Difference: \$ _____				Amount	PO#:
Advance Check #: _____, _____	\$	Invoice Date:			
Receipt #: _____ Sett Check #: _____	\$	Mdse Rec'd Date:			
Date: _____	\$	Due Date:			

Account is PS terminology for Subcode