

Travel Expense Voucher

I. General Information:

Name: _____ Soc Sec #: _____ or Empl ID# _____																								
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.																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Payment Method</th> <th style="width: 10%;">Airfare</th> <th style="width: 10%;">Hotel</th> <th style="width: 20%;">Registration Fee</th> </tr> </thead> <tbody> <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> </tbody> </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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Invoice																								
Personal Cash/Charge Card																								
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"/>																								

II. Itemized Expense Work Sheet:

	Date _____ Sunday	Date _____ Monday	Date _____ Tuesday	Date _____ Wednesday	Date _____ Thursday	Date _____ Friday	Date _____ Saturday	Total
Hotel room								
Breakfast								
Lunch								
Dinner								
Telephone								
Fare								
Taxi								
Tolls								
Parking								
Registration								
Mileage from Section III								
Total(s)								

III. Mileage Work Sheet – Must Use Military Time:

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

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? _____

V. _____ Date: _____ Approved by: _____
 Traveler's Signature "Certified just and correct" Authorized Budget Signature

VI. TRAVEL OFFICE SUMMARY

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