

TRAVEL VOUCHER

NAME

DATE

ID# (do not use social security#)

DEPARTMENT

MDCC BOX # OR MAILING ADDRESS

For mileage for privately owned auto used by me for transportation and for reimbursement of subsistence and other authorized expenses paid by me in the discharge of official duty from_____, 20_____ to _____, 20_____. The itemized statement follows.

AMOUNT CLAIMED

IN-STATE TRAVEL	AMOUNT	OUT-OF-STATE TRAVEL	AMOUNT
771 MEALS & LODGING		781 MEALS & LODGING	
775 0 4 0		705 040	
775 GAS		785 GAS	
772 TRAVEL		782 TRAVEL	
(AUTO-PRIVATE)		(AUTO-PRIVATE)	
774 TRAVEL		784 TRAVEL	
(PUBLIC CARRIER)		(PUBLIC CARRIER)	
776 OTHER TRAVEL COST		786 OTHER TRAVEL COST	
SUB-TOTAL		SUB-TOTAL	
IN-STATE		OUT-OF-STATE	
TRAVEL COST		TRAVEL COST	
		LESS: TRAVEL ADVANCE	
		NET OUT-OF-STATE	
TOTAL REIMBURSEMENT			
REFUND			

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Signature of Employee_____

__Date_____

MAXIMUM MEAL ALLOWANCE

	BREAKFAST	LUNCH	DINNER	DAILY TOTALS
IN-STATE	4.00	5.00	11.00	20.00
OUT-OF-STATE	5.00	7.00	12.00	24.00

Supervisor/Division Chair/Dean

DATE

Vice-President

DATE

DATE	BREAK FAST	LUNCH	DINNER	TOTAL	HOTEL/ MOTEL	TOTAL MEALS & LODGING	PURPOSE	TRAVEL TO	TOTAL MILES	PUBLIC CARRIER	OTHER AUTHORIZED EXPENSES ITEM	AMOUNT
								TOTAL MILES				
GRAND TOTAL	XXX	XXX	XXX					MILES @ Check the website for mileage rate			XXXXXX	

MEALS & LODGING 771_____ 781_____

MILEAGE	772	782
PUBLIC CARRIER	774	784
GAS	775	785
OTHER	776	786