

WESTERN MICHIGAN UNIVERSITY TRAVEL EXPENSE VOUCHER

VOUCHER NO.

http://www.wmich.edu/travel/

T

EMPL ID _____
 TRAVEL AUTH. # _____
 PAYEE _____
 ADDRESS _____
 ADDRESS _____
 DEPARTMENT CONTACT _____

DATE _____

--	--	--	--	--	--	--	--	--	--

4	3	6	0
4	3	5	9
4	3	5	8

INSTATE
 OUTSTATE
 FOREIGN
 OTHER

UNIVERSITY EMPLOYEE YES NO

PHONE _____

TRANSPORTATION - AIR, BUS, RAIL, PERSONAL CAR (Please Attach Receipts)

Departure	Return	From	To	Car Miles

MILEAGE REIMBURSEMENT RATE	Total Car Miles	Mileage Expense	Ticket Expense	Total Transportation

LODGING (Please Attach Receipts)

Date	City, State	Name of Hotel	Amount
Total Lodging			

Current Daily Standard Meal Per Diem: Breakfast \$13.00 Lunch \$14.00 Dinner \$23.00 Incidentals \$5.00 (Includes Tip) *The first & last day of travel will be paid at 75% of the Per Diem Rate

MEALS	Date		Date		Date		Date		Date		Date		TOTAL
	G		G		G		G		G		G		
Breakfast													
Lunch													
Dinner													
Other													
Total Meals													

Use other box for incidentals or full day per diem rate *Please indicate number of Guests in columns marked 'G.'

Name & Title of Guest(s) _____

OTHER TRAVEL EXPENSE (Please itemize including taxis, parking, baggage handling, telephone...etc.)	OTHER COST
Total Other	

ALL EMPLOYEE REIMBURSEMENTS ARE PAID VIA ACCOUNTS PAYABLE DIRECT DEPOSIT

Signatures

Traveler _____
 Supervisor _____
 Printed Name & Title _____
 Additional Approver _____
 Printed Name & Title _____
 Business Purpose _____
 Period Covered From _____ To _____

Audited By _____
 Date _____

Grand Total
Authorized Reimbursement

***Make a copy for the department and traveler prior to sending the original to Accounts Payable**