

# WESTERN MICHIGAN UNIVERSITY TRAVEL EXPENSE VOUCHER

VOUCHER NO.

T

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

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
<b>Total Lodging</b>			

Current Daily Standard Meal Per Diem: Breakfast \$13.00 Lunch \$15.00 Dinner \$26.00 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													
<b>Total Meals</b>													

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
<b>Total Other</b>	

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 \_\_\_\_\_

<b>Grand Total</b>
<b>Authorized Reimbursement</b>

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