ESU TRAVEL EXPENSE VOUCHER

CONTROL # (Dates of travel)

Name:	Deliver check to:	Cost Center	Fund Source	General Ledger	Amount
Empl #					
Classification/Bargaining Unit:					$
					$
					$
Purpose of Travel:					$
					$
	Direct Deposit Y N	Funds Reservation:			

ITINERARY				Transportation and Lodging			Miscellaneous		
Date	Time LV	Time RT	List of Locations	Pers Auto Miles	Provider Name Hotel Order or Travel Order #	Cash You Paid	**Actual** Meal Expenses	Explanation	Cash You Paid
					HOST HOTEL Y N				
	1/1/24	0.670	Total Miles	0					
	1/1/23	0.655	Rate Per Mile	0.670					
	7/1/22	0.625		(A)					
	1/1/22	0.585	Totals	$ -		(B)	(C)		(D)
						$ -	$ -		$ -
							Total Expenses (A+B+C+D) $		$0.00
							Net Due Traveler		

AUTHORIZING SIGNATURES

CHAIRPERSON _____
Date

DEAN / DIRECTOR_____
Date

GRANTS OFFICER _____
Date

VICE PRESIDENT/PRESIDENT_____
Date

I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT, REASONABLE AND WERE INCURRED IN THE PERFORMANCE OF UNIVERSITY DUTIES THAT I HAVE NOT AND WILL NOT ACCEPT REIMBURSEMENT OF ANY EXPENSES FROM ANY OTHER SOURCE. I FURTHER CERTIFY THAT IF MY PERSONAL AUTOMOBILE WAS USED FOR UNIVERSITY BUSINESS DURING THE PERIOD OF TRAVEL CLAIMED, INSURANCE COVERAGE WAS IN EFFECT.

_____
TRAVELER SIGNATURE AND DATE

Send Travel Office the original and a copy of Voucher