

Expense/Travel Voucher

Vouchers must be submitted within 30 days of the expense incurrence

FOR OFFICE USE ONLY

Voucher # _____ Gross Amount _____
Employee Exp. _____ Vendor # _____
ACCT # _____ AMOUNT _____

TRAVELER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Date	Travel From/To and Purpose	Business Miles	Breakfast	Lunch	Dinner	Hotel	Plane/Train	Misc. 1*	Misc. 2*	Misc. 3*
TOTALS		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SUMMARY

Mileage @ \$.56	\$0.00
Meals	\$0.00
Hotel	\$0.00
Plane	\$0.00
Misc	\$0.00
Total this page	\$0.00
Total other pages	
Total Expense	\$0.00
Deductions (Advance rcv'd)	
Reimbursement Due	
(or Refund to FEA)	

* List miscellaneous and extraordinary items and include required receipts.

I certify that the expenses reported herein were incurred on official UFF business.

Traveler's Signature: _____ Date: _____
Director/Mgr Approval: _____ Date: _____