

AUBURN UNIVERSITY TRAVEL EXPENSE VOUCHER

Date _____

Payee _____

Address _____

Address _____

City/State _____

Purpose of trip and itinerary _____

Vendor/SSN _____

Dept. Name _____

Dept. Phone _____

Zip _____

Check Number

Date Paid

1099

SHADED AREAS FOR
BUSINESS OFFICE USE ONLY!

VOUCHER NUMBER	ACCOUNT NAME	ACCOUNT	SUB	TC	AMOUNT
				142	
				142	
				142	
				142	

DATE(S)				
DESTINATION				
Time of Departure				
Time of Return				
TRANSPORTATION				TOTALS
Personal Vehicle	Miles			
	Mileage Expenses	\$	\$	\$
*Commercial Travel				
Air Fare/Train Fare				
Rental Vehicle				
*Parking				
IN-STATE				
Per Diem				
Meal Allowance				
OUT-OF-STATE				
Meals/M meal Allowance				
*Lodging				
MISCELLANEOUS				
TOTAL AMOUNT CLAIMED		\$	\$	\$

Signature of Claimant

Title

Prepared By

APPROVED BY: _____
Department Head

APPROVED BY: _____
Dean

APPROVED BY: _____

*Original receipts required.

After completion and approvals, send completed form to Procurement and Payment Services, 311 Ingram Hall.

BO 55-05 (Rev 05/05)