

AUBURN UNIVERSITY TRAVEL EXPENSE VOUCHER

Date (1)

Payee (2)

Address (2)

Address (2)

City/State (2)

Purpose of trip and itinerary (4)

Vendor/SSN (3)

Dept. Name (2)

Dept. Phone (2)

Zip (2)

Check Number
Date Paid
1099

SHADED AREAS FOR
BUSINESS OFFICE USE ONLY!

VOUCHER NUMBER	ACCOUNT NAME	ACCOUNT	SUB	TC	AMOUNT
	(5)		(6)	142	(7)
				142	
				142	
				142	

DATE(S)	(8)			
DESTINATION	(9)			
Time of Departure	(10)			
Time of Return	(11)			TOTALS
TRANSPORTATION				
Personal Miles	(12)			(23)
Vehicle Mileage Expenses	\$ (13)	\$	\$	\$
*Commercial Travel				
Air Fare/Train Fare	(14)			
Rental Vehicle	(15)			
*Parking	(16)			
IN-STATE				
Per Diem	(17)			
Meal Allowance	(18)			
OUT-OF-STATE				
Meals/Meal Allowance	(19)			
*Lodging	(20)			
MISCELLANEOUS	(21)			
TOTAL AMOUNT CLAIMED	\$ (22)	\$	\$	\$ (24)

(25) _____
Signature of Claimant

(26) _____
Title

(27) _____
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 55-05X (Rev 05/05)