Lincoln University Of Missouri

Travel Expense Voucher

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Must be typed

Employee Name	
Soc Sec No	
Office Address	

PO #	
BPO #	
REQ #	

Purpose of trip

Date	From To	Miles	Breakfast	Lunch	Dinner	Air/RR/Bus	Hotel	Registration	Misc*	Total
	Jefferson City, MO									0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
Totals from above		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$0.00
Forwarded from previous sheet										0.00
Subtotal			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Miles		0.00	at	$0.520	per mile					0.00
(Less prepaid expenses)	Do not enter negative numbers									0.00
(Less travel advance)	Do not enter negative numbers									
									Total Reimbursable Expenses	$0.00

Date	* Itemized Miscellaneous Expenses	Amount

Final Expense Voucher Yes [X] No [ ]

I certify that the above claim is correct and just; that no part of the same has been paid; that the above expense was necessary to the business of the University; that I have made payment; and that I have not been nor will be reimbursed from any other source.

Print, sign and date form after completion. Form must be approved by supervisor.

Signed/Date _____ Approval/Date _____

Title _____ Title _____

For Business Office Use Only

Business Office Comments	Account Number						Amount
	Fund	Source	Department	Object	Function	Grant #	
Verified by/Date							

TEV Revised 11/2003