



Travel Expense Voucher

Section I. Traveler

Select type of travel: Employee Travel CEO or Board Travel

Name: _____ Department: _____ Phone: _____

Email: _____ Travel Destination: _____ Departure Date: _____ Return Date: _____
mm/dd/yyyy

Reason for Travel: Conference Convention Seminar Workshop Other _____

Describe the reason for travel: _____

Section II. Actual Expenditures

To find the correct per-diem rate, use this link. <https://www.gsa.gov/travel/plan-book/per-diem-rates>
 To find the correct mileage rate, use this link. <https://www.gsa.gov/mileage>

Registration Fee: _____ \$

Commercial Carrier: Airline Other _____ \$

Private Vehicle: _____ miles @ \$ _____ /miles _____ \$

Parking: _____ days @ \$ _____ /rate _____ \$

Rental Vehicle: _____ days @ \$ _____ /rate _____ \$

Taxi/Uber: _____ trips @ \$ _____ /rate _____ \$

_____ trips @ \$ _____ /rate _____ \$

_____ trips @ \$ _____ /rate _____ \$

Lodging: Hotel: _____ Phone: _____

Confirmation # _____ Deposit: * \$ _____

_____ nights @ \$ _____ /rate _____ \$

Meals: (per-diem) _____ days @ \$ _____ /rate _____ \$

Other:

Miscellaneous 1 _____ \$

Miscellaneous 2 _____ \$

Miscellaneous 3 _____ \$

Total Actual Trip Expenses _____ \$

Cash Advance to Traveler _____ \$

Adjustments _____ \$

Company Paid
 Traveler Advanced or Paid

Actual Cash Advance & Expense Breakdown

(Based on boxes checked as "Company Paid vs. Traveler Advanced or Paid")

| | Company Paid | Traveler Paid |
|--------------------------------|--------------|---------------|
| Registration Fee..... | | |
| Carrier Cost..... | | |
| Mileage..... | | |
| Parking..... | | |
| Rental Vehicle..... | | |
| Taxi/Uber..... | | |
| Lodging Cost (- deposit)... | | |
| Lodging Deposit..... | | |
| Per Diem..... | | |
| Miscellaneous 1..... | | |
| Miscellaneous 2..... | | |
| Miscellaneous 2..... | | |
| Total Paid (less cash advance) | | |

Total Actual Trip Expenses \$ _____

Less Company Paid Amount \$ _____

Less Cash Advance Received \$ _____

+/- Adjustment Amount \$ _____

Net Amount Due To/From Traveler \$ _____

Net Amount Due To/From Company \$ _____

A negative amount indicates the payer and a positive, the payee.

Reason for adjustments:

Section III. Authorizations

Section IV. Finance Department Validation

Authorization #: _____ Charge to cost centers: _____

Cash Advance Issued Date: _____ Finance Employee: _____ Initial: _____

*(Deposit amount is not included in grand total)