

**UTICA COLLEGE
TRAVEL EXPENSE VOUCHER**

Name: _____ Department: _____ Date: _____

Purpose of Trip: _____ Who does Accounting _____
 contact with questions: _____

	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE	TRAVEL DATE		
Transportation:								TOTAL	AUDIT USE ONLY
Air, Train, Bus								\$ -	
Personal Auto								\$ -	
Taxi								\$ -	
Subway								\$ -	
Tolls								\$ -	
Parking								\$ -	
Other (explain)								\$ -	
Subsistence:									
Hotel/Motel								\$ -	
Breakfast*\$5.00								\$ -	
Lunch* \$7.00								\$ -	
Dinner* \$18.00								\$ -	
Other (explain)								\$ -	
Miscellaneous (explanation required):									
Regis Fee								\$ -	
Entertainment								\$ -	
Business Phone								\$ -	
Other (explain)								\$ -	
TOTALS:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

***Except for asterisked items, only receipted expenses will be reimbursed.**

I certify the above information to be complete and accurate to the best of my knowledge and belief.

SIGNATURE OF PAYEE

PRINT/SIGNATURE OF SUPERVISOR

PRINT/SIGNATURE OF AREA VICE-PRESIDENT

Amount Advanced _____
 Amount Returned _____
 Amount Due Employee _____
 Amount Due Others _____
 1) Account Number _____
 Account Name _____
 2) Account Number _____
 Account Name _____
 Obligation _____
 Check # _____

ENTER ALL EXPLANATIONS ON PAGE 2
 THIS VOUCHER WILL BE RETURNED UNPAID IF ACCOUNT NUMBER AND SIGNATURES OF PAYEE, SUPERVISOR, AND AREA VICE PRESIDENT ARE MISSING

