

**Expense/Travel Voucher**

Vouchers must be submitted within 30 days of the expense incurrence

**FOR OFFICE USE ONLY**

Voucher # \_\_\_\_\_ Gross Amount \_\_\_\_\_  
Employee Exp. \_\_\_\_\_ Vendor # \_\_\_\_\_  
ACCT # \_\_\_\_\_ AMOUNT \_\_\_\_\_

TRAVELER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date	Travel From/To and Purpose	Business Miles	Breakfast	Lunch	Dinner	Hotel	Plane/Train	Misc. 1*	Misc. 2*	Misc. 3*
		0								
		0								
<b>TOTALS</b>		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**SUMMARY**

Mileage @ \$.535	\$0.00
Meals	\$0.00
Hotel	\$0.00
Plane	\$0.00
Misc	\$0.00
Total this page	\$0.00
Total other pages	
Total Expense	\$0.00
Deductions (Advance rcv'd)	
Reimbursement Due	
(or Refund to FEA)	

\* List miscellaneous and extraordinary items and include required receipts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the expenses reported herein were incurred on official UFF business.**

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Mgr Approval: \_\_\_\_\_ Date: \_\_\_\_\_