

MURRAY STATE UNIVERSITY
Accounting & Financial Services
Travel Voucher Form

TR _____

DATE PREPARED _____		A&FS Approval _____		Date _____																																											
TO AVOID REIMBURSEMENT DELAYS: COMPLETE IN FULL, ATTACH REQUIRED RECEIPTS, AND OBTAIN NECESSARY APPROVALS																																															
REIMBURSEMENT IS PAYABLE TO: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER: _____			MSU DEPARTMENTAL NAME _____ MSU DEPT PHONE _____																																												
PAYEE'S NAME _____ RESIDENCE ADDRESS (see note at bottom of form) _____ CITY _____ STATE _____ ZIP CODE _____			BANNER ID M _____ PHONE NUMBER _____																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CHART</th> <th>FUND</th> <th>ORG.</th> <th>ACCOUNT</th> <th>PROGRAM</th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr> <td colspan="5" style="text-align: right;">TOTAL EXPENSE ALLOCATION</td> <td>\$</td></tr> </tbody> </table>						CHART	FUND	ORG.	ACCOUNT	PROGRAM							\$						\$						\$						\$						\$	TOTAL EXPENSE ALLOCATION					\$
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TOTAL EXPENSE ALLOCATION					\$																																										
TYPE OF TRANSPORTATION USED (Check all that apply): <input type="checkbox"/> PERSONAL VEHICLE <input type="checkbox"/> UNIVERSITY VEHICLE <input type="checkbox"/> RENTAL VEHICLE <input type="checkbox"/> AIRLINE																																															
DATE MM/DD/YYYY	DEPART TIME HH:MM AM/PM	RETURN TIME HH:MM AM/PM	PERSONAL VEHICLE MILEAGE	LODGING ATTACH DETAILED RECEIPTS	SUBSISTENCE SEE TRAVEL REGULATIONS	OTHER EXPLANATION AMOUNT	TOTAL																																								
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Depart From: _____				L																																											
Destination: _____				D																																											
Trip Purpose: _____																																															
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Destination: _____				D																																											
Trip Purpose: _____																																															
TOTALS FOR THIS PAGE:																																															
TOTAL MILEAGE: _____				x	rate per mile	=	Total Mileage Expense: _____																																								
I HEREBY CERTIFY that the above claim is correct, that no part has been paid, that the above expenses were directly related to University business, that I have made payment and I will not be reimbursed from another source. _____ PAYEE'S SIGNATURE _____ DATE _____ CHAIR / DIRECTOR APPROVAL _____ DATE _____ DEAN / VP APPROVAL _____ DATE _____ ADDITIONAL APPROVAL (If Applicable) _____ DATE _____ PRESIDENTIAL APPROVAL (If Applicable) _____ DATE				Continuation Page 2 Total: _____																																											
				Continuation Page 3 Total: _____																																											
				Less Amount Advanced or Amount Not Reimbursed: _____																																											
				Total Reimbursement: _____																																											
				If Negative, Must Attach Copy of Cash Transmittal & Cashier's Receipt																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">SUBSISTENCE CHART</th> </tr> <tr> <th>Travel begins at listed time or before & ends at listed time or after</th> <th>Regular Rate Areas</th> <th>High Rate Areas</th> </tr> </thead> <tbody> <tr> <td>B 7 am to 9 am</td> <td>\$8</td> <td>\$10</td> </tr> <tr> <td>L 11 am to 1 pm</td> <td>\$10</td> <td>\$11</td> </tr> <tr> <td>D 5 pm to 7 pm</td> <td>\$18</td> <td>\$23</td> </tr> </tbody> </table> <p style="font-size: small;">Do not claim meals included in registration fees. Original receipts required for expense of \$10 or more. Travel Procedures are online at www.murraystate.edu.</p>								SUBSISTENCE CHART			Travel begins at listed time or before & ends at listed time or after	Regular Rate Areas	High Rate Areas	B 7 am to 9 am	\$8	\$10	L 11 am to 1 pm	\$10	\$11	D 5 pm to 7 pm	\$18	\$23																									
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Please enter Total Reimbursement as Banner Direct Payment. For the vendor invoice number you will use TR, Traveler's initials and 1st day of Travel. For example, if Jane Ann Doe is traveling on 07/01/08 the vendor invoice number would be TRJAD0701. All Reimbursements will be paid through Direct Deposit.																																															

TRAVEL VOUCHER FORM

CONTINUATION PAGE # 2

EMPLOYEE NAME:

DATE MM/DD/YYYY	DEPART TIME HH:MM AM/PM	RETURN TIME HH:MM AM/PM	PERSONAL VEHICLE MILEAGE	LODGING ATTACH DETAILED RECEIPTS	SUBSISTENCE SEE TRAVEL REGULATIONS	OTHER		TOTAL
						EXPLANATION	AMOUNT	

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Depart From:					L			
Destination:					D			
Trip Purpose:								

					B			
Depart From:					L			
Destination:					D			
Trip Purpose:								

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Depart From:					L			
Destination:					D			
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					B			
Depart From:					L			
Destination:					D			
Trip Purpose:								

TOTALS FOR THIS PAGE:								
TOTAL MILEAGE:				X		rate per mile	=	Total Mileage Expense:

Continuation Page # 2 Total:

TRAVEL VOUCHER FORM

CONTINUATION PAGE # 3

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						EXPLANATION	AMOUNT	
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Depart From:					L			
Destination:					D			
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Trip Purpose:								

TOTALS FOR THIS PAGE:

TOTAL MILEAGE:

x

rate per mile

=

Total Mileage Expense:

Continuation Page # 3 Total: