

AUGUSTANA COLLEGE

639 38th St.

Rock Island, IL 61201

Moving Expense

Voucher

Business Office Use Only:

Paid Payroll Dated: _____

Please print or type

Name and ID# _____

Date _____

Address _____

City & State _____

Meeting or Purpose of _____

Date	Details of Expense	Transportation			Lodging	Other Expenses
		Mileage	Amount	Other		
Totals						

I hereby certify that the above is a true statement of expense incurred:

Signature _____

Approved By _____

Account Number _____

Attach original receipts and bills in support of ALL expenses (excluding auto mileage). Mileage reimbursement rate for is \$.18 / per mile.

Grand Total _____

Return completed form along with original receipts to the Payroll Department. They are located on the southeast corner of the second floor of Sorensen Hall