AUGUSTANA COLLEGE

639 38th St. Rock Island, IL 61201 Travel Expense Voucher

Please print or type

Date _____

Address

City & State _____

Name and ID#

Meeting or Purpose of _____

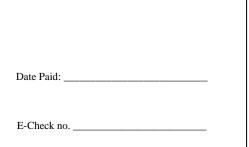
Date	Details of Expense	Transportation			Lodging	Meals	Other Expenses
		Mileage	Amount	Other			
Totals							

I hereby	certify that	the abo	ove is a	true s	tatement of	f
expense	incurred:					

Signature_____

Approved By _____

Attach original receipts and bills in support of ALL expenses (excluding auto mileage). Mileage reimbursement rate is \$.24 / per mile. Grand Total _____



Business Office Use Only:

Account Number