

# AUGUSTANA COLLEGE

639 38<sup>th</sup> St.

Rock Island, IL 61201

## *Travel Expense Voucher*

Business Office Use Only:

Date Paid: \_\_\_\_\_

E-Check no. \_\_\_\_\_

Please print or type

Name and ID# \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Meeting or Purpose of \_\_\_\_\_

<i>Date</i>	<i>Details of Expense</i>	<i>Transportation</i>			<i>Lodging</i>	<i>Meals</i>	<i>Other Expenses</i>
		<i>Mileage</i>	<i>Amount</i>	<i>Other</i>			
<b>Totals</b>							

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 is \$.24 / per mile.

Grand Total \_\_\_\_\_