

# 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 \_\_\_\_\_

| Date          | Details of Expense | Transportation |        |       | Lodging | Meals | Other Expenses |
|---------------|--------------------|----------------|--------|-------|---------|-------|----------------|
|               |                    | Mileage        | Amount | Other |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
|               |                    |                |        |       |         |       |                |
| <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 \$.38 / per mile.

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