

E-Travel Expense Voucher and Request for Payment

Traveler's

Name _____

Mailing Address _____

City _____

State _____ **Zip Code** _____

BOX **MUST** BE CHECKED
US CITIZEN/PERMANENT RESIDENT YES NO

Permanent Resident means the person is a green card holder

Purpose of Trip: _____

ITINERARY

Date								
Departure: City								
Time								
Destination: City								
Time								

EXPENSES

Total

Transportation								
Lodging								
Meals								
Local Travel								
Auto-No of Miles Traveled								
(\$ per mile)								
Other:								
Other:								
Other:								
Traveler certifies that this request is accurate and correct and that the traveler endeavored to obtain best pricing for transportation and lodging expenses							Total Expenses	
							Less Advances	
							Net Amount Due	

Signature of Claimant

Date