**TRAVEL VOUCHER**

Name of Traveler: __________________________ Telephne: __________________________

Home Institution: __________________________

Date: __________________________

Questions regarding this trip should be referred to: __________________________

Date Received in Travel Office: __________________________

Visitor I.D. No.: __________________________

Period Covered

Began: __________________________

Ended: __________________________

**Purpose of Trip:**

Participant Cost?  

☐ Y  ☐ N  

Please Check One

<table>
<thead>
<tr>
<th>Reimbursement Claimed</th>
<th>*Charges to Corporation (Including Tickets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic</td>
<td>Foreign</td>
</tr>
<tr>
<td>Domestic</td>
<td>Foreign</td>
</tr>
</tbody>
</table>

**Itinerary:**

Listed Hazardous Country?  

☐ Y  ☐ N

**Per Diem:**

<table>
<thead>
<tr>
<th>Days @</th>
<th>$</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

**Private Auto:**

Miles @ $.575 per mile (IRS 01-2015 rate)

**Total:**

**Per Diem:**

<table>
<thead>
<tr>
<th>Days @</th>
<th>$</th>
<th>City</th>
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<td></td>
</tr>
<tr>
<td>Foreign</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

**Lodging (Room and Tax only):**

Total:

**Miscellaneous Expenses (Taxi, Bus, Parking, etc.):**

Total:

**Rental Car:**

Total:

**Other (Registration Fees, Honorarium, etc.):**

Total:

**Certified Correct:**

A  ☐ B  ☐

**Traveler Signature:** __________________________ Date: __________________________

**Account Key:** __________________________

**Approved for Charge**

Sign: __________________________ Date: __________________________

Print: __________________________

**Cash Advance:**

A-C>D

**Due Traveler:**

A-C>D

**Due Corporation:**

A-C<D

**Total Cost of Trip to Corporation:**

A+B+C+E

☐ Check if house hunting or relocation

*Charges to Corporation should include only airline tickets, rental cars, lodging, or other travel expenses billed directly to Corporation.

**Enter detail on reverse side of this form.

CERTIFICATION OF UNAVAILABILITY OF U.S. FLAG AIR CARRIERS (if not indicated on TA)

Include Page 5 (Waiver Checklist) of this workbook, if not included with the TA, to indicate certification of unavailability of U.S. Flag Air Carriers. MUST be signed by a professional travel agency.