

WESTERN MICHIGAN UNIVERSITY
TRAVELEXPENSE VOUCHER

VOUCHER NO. T

<http://www.wmich.edu/travel/>

EMPL ID	DATE						
TRAVEL AUTH. #							
PAYEE	<table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 150px; height: 20px;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>						
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DEPARTMENT CONTACT	PHONE						
UNIVERSITY EMPLOYEE <input checked="" type="radio"/> YES <input type="radio"/> NO							

<input checked="" type="radio"/>	INSTATE
<input type="radio"/>	OUTSTATE
<input type="radio"/>	FOREIGN
<input type="radio"/>	OTHER

TRANSPORTATION - AIR, BUS, RAIL, PERSONAL CAR (Please Attach Receipts)

Departure	Return	From	To	Car Miles

MILEAGE REIMBURSEMENT RATE	Total Car Miles	Mileage Expense	Ticket Expense	Total Transportation

LODGING (Please Attach Receipts)

Date	City, State	Name of Hotel	Amount
			Total Lodging

Current Daily Standard Meal Per Diem: Breakfast \$16.00 Lunch \$19.00 Dinner \$28.00 Incidentals \$5.00 (Includes Tip) *The first & last day of travel will be paid at 75% of the Per Diem Rate

MEALS	G	Date	G	TOTAL								
Breakfast												
Lunch												
Dinner												
Other												Total Meals

Use other box for incidentals or full day per diem rate *Please indicate number of Guests in columns marked 'G.'

Name & Title of Guest(s)

OTHER TRAVEL EXPENSE (Please itemize including taxis, parking, baggage handling, telephone...etc.) **OTHER COST**

				Total Other

ALL EMPLOYEE REIMBURSEMENTS ARE PAID VIA ACCOUNTS PAYABLE DIRECT DEPOSIT

Signatures

Traveler _____

Grand Total

Supervisor _____

**Authorized
Reimbursement**

Printed Name & Title _____

Audited
By

Additional Approver _____

Date

Printed Name & Title _____

Business Purpose _____

Period Covered From _____ To _____

*Make a copy for the department and traveler prior to sending the original to Accounts Payable