WESTERN MICHIGAN UNIVERSITY
TRAVEL EXPENSE VOUCHER

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

VOUCHER NO. T

EMPL ID _____ DATE _____

TRAVEL AUTH. # _____

PAYEE _____

ADDRESS _____

ADDRESS _____

DEPARTMENT CONTACT _____ PHONE _____

UNIVERSITY EMPLOYEE (●) YES ( ) NO

4	3	6	0
4	3	5	9
4	3	5	8

( ) INSTATE
( ) OUTSTATE
( ) FOREIGN
( ) OTHER

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

Departure	Return	From	To	Car Miles

MILEAGE REIMBURSEMENT RATE 0.760

Total Car Miles	Mileage Expense	Ticket Expense	Total Transportation
0.00	$ 0.00	$ 0.00	$ 0.00

LODGING (Please Attach Receipts)

Date	City, State	Name of Hotel	Amount

Total Lodging $ 0.00

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	Date	G	Date	G	Date	G	Date	G	Date	G	Date	TOTAL
Breakfast															0.00
Lunch															0.00
Dinner															0.00
Other															0.00

Total Meals $ 0.00

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 $ 0.00

ALL EMPLOYEE REIMBURSEMENTS ARE PAID VIA ACCOUNTS PAYABLE DIRECT DEPOSIT

Signatures

Traveler _____

Supervisor _____

Printed Name & Title _____

Additional Approver _____

Printed Name & Title _____

Business Purpose _____

Period Covered From _____ **To** _____

Audited By _____

Date _____

Grand Total $ 0.00

Authorized Reimbursement _____

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