

WESTERN MICHIGAN UNIVERSITY

TRAVEL EXPENSE VOUCHER

VOUCHER NO.

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

T

EMPL ID _____ DATE _____

TRAVEL AUTH. # _____

PAYEE _____

ADDRESS _____

ADDRESS _____

DEPARTMENT CONTACT _____ PHONE _____

UNIVERSITY EMPLOYEE ☒ YES ☐ NO

								4	3	6	0	☒ INSTATE
								4	3	5	9	☐ OUTSTATE
								4	3	5	8	☐ 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	TOTAL
Breakfast														0.00
Lunch														0.00
Dinner														0.00
Other														0.00
Use other box for incidentals or full day per diem rate *Please indicate number of Guests in columns marked 'G.'														Total Meals
														\$ 0.00

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