

WESTERN MICHIGAN UNIVERSITY TRAVEL EXPENSE VOUCHER

INVOICE NUMBER _____ DATE _____

PAYEE _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

DEPT. NAME _____ PHONE _____

UNIVERSITY EMPLOYEE? YES NO

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

INSTATE

OUTSTATE

FOREIGN

OTHER

TRANSPORTATION (Please Attach Receipts) AIR RAIL OR BUS PRIVATE CAR

Departure	Return	From	To	Car Miles

MILEAGE REIMBURSEMENT RATE	Total Car Miles	Mileage Expense	Ticket Expense <small>(Attach air, rail, or bus receipt)</small>	Total Transportation

LODGING (Please Attach Receipts)

Date	City, State	Hotel, Motel	Cost
Total Lodging			

Current Meal Per Diem: Breakfast \$8.00 Lunch \$12.00 Dinner \$25.00 (These Include Tips) *Please indicate number of Guests in columns marked 'G.'

MEALS	G	Date	G	Date	G	Date	G	Date	G	Date	G	Date	G	Date	TOTAL
Breakfast															
Lunch															
Dinner															
Total Meals															

Name & Title of Guest(s) _____

OTHER TRAVEL EXPENSE (Please itemize)

Total Other														

Other expenses include taxis, parking, baggage handling, telephone, etc.

Signed _____

Approved _____

Approved _____

Purpose of Business _____

Period Covered From _____ To _____

Mail	Pick Up		
			Audited by
			Check Date
			Total

Grand Total
Authorized Reimbursement