

WESTERN MICHIGAN UNIVERSITY TRAVEL EXPENSE VOUCHER

VOUCHER NO.

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

EMPL ID _____
 TRAVEL AUTH. # _____
 PAYEE _____
 ADDRESS _____
 ADDRESS _____
 DEPT. NAME _____ PHONE _____
 UNIVERSITY EMPLOYEE YES NO

DATE _____

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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 Daily Standard Meal Per Diem: Breakfast \$11.00 Lunch \$12.00 Dinner \$23.00 Incidentals \$5.00 (Includes Tip)
 Use 75% of full day per diem for first & last day.

MEALS	Date		Date		Date		Date		Date		Date		TOTAL
	G		G		G		G		G		G		
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)	OTHER COST
Total Other	

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

ALL EMPLOYEE REIMBURSEMENTS ARE PAID VIA ACCOUNTS PAYABLE DIRECT DEPOSIT

Signatures

Traveler _____
 Supervisor _____
 Additional Approver _____

Business Purpose _____

Period Covered From _____ **To** _____

Audited by _____
 Date _____

Grand Total
Authorized Reimbursement