

Employee

U of C Student

Guest/Visitor



THE UNIVERSITY OF CHICAGO

# TRAVEL EXPENSE VOUCHER

FINANCIAL SERVICES FORM NO. 97 (1/10)

CONTROL NUMBER **T486816**

VOUCHER NO.

**V**

**ISSUE CHECK TO:**

EMPLOYEE NUMBER / VENDOR NUMBER
NAME (30 CHARACTERS)
STREET ADDRESS LINE 1 (30 CHARACTERS)
STREET ADDRESS LINE 2 OR STREET ADDRESS / MAIL BOX NUMBER (30 CHARACTERS)
CITY STATE ZIP OR FOREIGN COUNTRY

ENTER BELOW THE INFORMATION TO APPEAR ON CHECK STUB

CHECK DESCRIPTION (29 CHARACTERS)
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SEND VIA MAIL OR

PICK UP AT BURSARS (PHONE # REQUIRED)

PHONE
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DEPARTURE DATE \_\_\_\_\_ RETURN DATE \_\_\_\_\_ DESTINATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

I CERTIFY THAT THE AMOUNTS GIVEN HEREIN REPRESENT ACTUAL BUSINESS RELATED TRAVEL EXPENSES AND ARE IN ACCORDANCE WITH THE CURRENT UNIVERSITY OF CHICAGO TRAVEL POLICY AND PROCEDURES. IF A COPY OF A RECEIPT HAS BEEN PROVIDED INSTEAD OF AN ORIGINAL, I FURTHER CERTIFY THAT I HAVE NOT AND WILL NOT BE REIMBURSED FOR THESE EXPENSES FROM ANY OTHER SOURCE.

Detail of expenditures:

SIGNATURE OF TRAVELER \_\_\_\_\_

Private car mileage:	@	/mile \$ _____	Rental car:	\$ _____
Transportation:	\$	_____	Parking, tolls, etc.:	\$ _____
Taxi fares, limos:	\$	_____	Baggage handling, storage:	\$ _____
Hotel / Motel:	\$	_____	Meals:	\$ _____
Business telephone:	\$	_____		
Other:	\$	_____		
EXPLANATION OF OTHER: _____				

Total expenditures:	\$ _____
Less: Travel advance encumbrance no. T _____	\$ ( _____ )
Balance owed to Traveler:	\$ _____
Excess of Advance to be deposited with Bursar: (use Form 133 and deposit to a/c 0-17817-1620 . . . attach copy of receipt)	\$ _____

DEPARTMENT CODE #	ACCOUNT NUMBER	AMOUNT OF CHARGE

CONTACT PERSON	PHONE #	CAMPUS MAILING ADDRESS

AUTHORIZED BY: NAME	DATE	SIG. AUTH. NO.	PHONE #	FAX #	AUTHORIZED BY: SIGNATURE