

2023

CR# _____

STOCKTON UNIVERSITY**TRAVEL EXPENSE / PAYMENT VOUCHER FORM**

To be used in conjunction with direct pay and credit card reconciliation.
Attach original receipts that total to reimbursement amount.

PAYEE INFORMATION				MISCELLANEOUS EXPENSES				
Payee Name:				Expense Description/Business/Purpose/Attendees/Other				
Z#: Dep't. Name:								
Fund:		Org:		Account:		Program:		
ITEMIZED EXPENSES								
	Dates	TXN#	All Itemized Expenses (Chronological)	Air Travel	Oth. Trans.	Hotel	Meals	Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
Miles Traveled								
Miles Deducted (*If Normal Work Day, Deduct Normal Commutation Mileage/Official Station-RSC)								
Total Net Miles								
Total Net Miles @ .47¢ Mile								
				TOTAL TRAVEL EXPENSES \$				
LESS UNIVERSITY PCARD EXPENSES				Total		\$		
TXN#s:								
Notes:				LESS NON –REIMBURSABLE EXPENSES \$				
				TOTAL AMOUNT DUE FOR REIMBURSEMENT \$				
				If a negative total amount is due, please submit check payable to the University with reconciliation.				
E. AUTHORIZED SIGNATURES				Please use colored ink for signatures so that originals may be distinguished from copies.				

I CERTIFY THAT ALL OF THE CHARGES INCLUDED IN ABOVE AMOUNT WERE NECESSARY AND INCURRED FOR OFFICIAL UNIVERSITY BUSINESS I CERTIFY THAT ANY EXCESS FUNDS HAVE BEEN REIMBURSED TO THE UNIVERSITY AS REQUIRED.

PAYEE SIGNATURE: _____ DATE: _____

APPROVER SIGNATURE: _____ DATE: _____