

**2018**

**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:
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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		<b>Check If Non-Workday Travel</b>
Miles Deducted <small>(*If Normal Work Day, Deduct Normal Commutation Mileage/Official Station-RSC)</small>		
Total Net Miles		
Total Net Miles @ 54.5¢ Mile		

<b>TOTAL TRAVEL EXPENSES \$</b>	
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TXN#'s:	<b>LESS UNIVERSITY PCARD EXPENSES</b>	<b>Total \$</b>
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Notes:	<b>LESS NON -REIMBURSABLE EXPENSES \$</b>	
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<b>TOTAL AMOUNT DUE FOR REIMBURSEMENT \$</b> <small>If a negative total amount is due, please submit check payable to the University with reconciliation.</small>
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**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: \_\_\_\_\_