AP TRAVEL EXPENSE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Department Contact Information: Name _____ E-mail Address _____ Phone No. _____ MC _____

Traveler Information

AIS Employee Number_____

E-mail Address:_____

Last Name: _____ First Name_____ MI ____

Address: _____

City: _____ State: _____ Zip Code:_____

Has your address changed since the last time you submitted a travel vouch O Yes O No

Type Code:

Voucher No:

Voucher Date:

Approp Account Code Number:

Purpose of Trip (state briefly):

Itinerary Information

Date	Departed From Place	Time	Arrived At Place	Time	Auto Mileage	Auto Reimb	Trans	Lodging	Meals/ Per Diem	Other Expenses Item	Amount	Line Totals
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
		Totals				0.00	0.00	0.00	0.00		0.00	0.00

Justification Information

DATE	EXPENSE ITEM	JUSTIFICATION

Instructions:

1. Print this form.
2. Please fill in: (a) Name and Current Address; (b) Purpose of Trip; (c) Date/Time/Place you departed; Date/Time/Place you arrived for beginning and end of trip.
3. Did you pay a Registration Fee? Y / N Were any meals provided for you? Y / N Which ones? (over)
4. Did you use ☐ a personal vehicle ☐ a university vehicle ☐ an external rental car (not from Travel Service)?
5. Did you use a P-Card? _____ If so, for what? _____

(Contact Linda Gibson (lgibson@math.siu.edu) if you have questions.)