

# AUGUSTANA COLLEGE

639 38<sup>th</sup> St.

Rock Island, IL 61201

## *Travel Expense Voucher*

Business Office Use Only:

Date Paid: \_\_\_\_\_

E-Check no. \_\_\_\_\_

Please print or type

Name and ID# \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Meeting or Purpose of \_\_\_\_\_

Date \_\_\_\_\_

Date	Details of Expense	Transportation			Lodging	Meals	Other Expenses
		Mileage	Amount	Other			
<b>Totals</b>							

I hereby certify that the above is a true statement of expense incurred:

Signature \_\_\_\_\_

Approved By \_\_\_\_\_

Account Number \_\_\_\_\_

Attach original receipts and bills in support of ALL expenses (excluding auto mileage). Mileage reimbursement rate is \$.24 / per mile.

Grand Total \_\_\_\_\_

**Please complete this portion if settling a Travel Advance**

CK#	Date	Amount
Advance Received		
Less This Expense Voucher		
Balance Due or Returned		