

AUGUSTANA COLLEGE

639 38th St.

Rock Island, IL 61201

Travel Expense Voucher

Please print or type

Name _____

Date _____

Address _____

City & State _____

Meeting or Purpose of _____

Business Office Use Only:
Date Paid: _____
E-Check no. _____

Date	Details of Expense	Transportation			Lodging	Meals	Other Expenses
		Mileage	Amount	Other			
Totals							

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 _____

<i>Please complete this portion if settling a Travel Advance</i>		
	Date	Amount
Advance Received		
Less This Expense Voucher		
Balance Due or Returned		