Illinois Wesleyan UNIVERSITY

WEEKLY TRAVEL EXPENSE VOUCHER

Attach receipts for purchases below that are over $25.00. Do not list items directly billed to the University.

Name: _____ University ID#: 9___ ___ ___ ___ ___ ___ ___

Purpose for Travel: _____

TRAVEL LOG

Dates:							
Traveled From:							
Traveled To:							

PERSONAL AUTO MILEAGE

No. of Miles:							
55.5¢ per Mile:							

Total Mileage: _____

FOOD EXPENSE (IF FOR OTHERS, PLEASE EXPLAIN)

Breakfast:							
Lunch:							
Dinner:							
Totals:							

Name of others/explanation:

Total Food: _____

LODGING

Lodging Cost:							

Total: _____

TRANSPORTATION

Cost for Airplane:	Cost for Train/Bus:	Cost for Car Rental:	Taxi/Tolls:	Parking:

Total: _____

MISCELLANEOUS EXPENSES:

List and Explain Miscellaneous Expenses:	

Total Miscellaneous: _____

Signed: _____ Date: _____

Please print name: _____

Approval: _____ Date: _____

Please print name: _____

Account Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
(index) (fund) (org)

___ ___ ___ ___ ___ ___ ___ ___ ___ ___
(acct) (prog)

Advance Account Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
(if reconciling advance)

Grand Total: _____

Less Advance: _____

Amount Returned: _____

Amount Due: _____