Illinois Wesleyan
UNIVERSITY

TRAVEL EXPENSE VOUCHER

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

Purpose for Travel: _____

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

DATE	TRANSPORTATION Mileage x 55.5¢ = Amount		Other	LODGING	MEALS Breakfast	Lunch	Dinner	OTHER EXPENSES	TOTAL
TOTALS									

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

Signed: _____ Date: _____

Please print name: _____

Approval: _____ Date: _____

Please print name: _____

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

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

Please complete this section when RETURNING an advance

	Date	Amount
Advance Received		
Less This Expense Voucher		
Balance Returned		
Balance Due		

Advance Account Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _