

TRAVEL EXPENSE VOUCHER

CHEYNEY UNIVERSITY OF PENNSYLVANIA

Please include GoogleMaps for your mileage reimbursements.
 ALL forms must be submitted within 15 days from travel.
 Itemized original receipts MUST accompany form.

NAME				SAP Cost Center or WBS Element			
RESIDENCE STREET ADDRESS		CITY, STATE, ZIP CODE		CAMPUS PHONE	HOME PHONE	SAP G/L Account	
DELIVER CHECK TO: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER (Identify) _____				DEPARTMENT NAME & LOCATION		AMOUNT =>	

LOCATIONS ==>	FROM=>	TO=>									
		SUN	MON	TUE	WED	THR	FRI	SAT			
DATE:											
DEPARTURE/ARRIVAL TIME:									TOTAL	LESS ADVANCE	NET SUBTOTAL

TRANSPORTATION COSTS											
AIRPLANE FARE											
RAILROAD FARE											
PUBLIC GROUND FARE											
PRIVATE AUTO MILEAGE									RATE:		
RENTAL VEHICLE COSTS											
TOLLS											
PARKING											

LODGING & MEAL COSTS											
HOTEL / MOTEL ROOM											
BREAKFAST											
LUNCH											
DINNER											

OTHER EXPENSES											
REGISTRATION FEES											
BUSINESS PHONE CHARGES											
OTHER (Supply Details Below)											

PURPOSE OF TRAVEL	Total Cost	Total Advance	Net Total

IMPORTANT NOTE: ATTACH ALL RECEIPTS TO THIS FORM TO AVOID PROCESSING DELAYS.

I certify that the statements and expenses claimed are correct, reasonable and were incurred in the performance of University duties and that I have not and will not accept reimbursement of any of these expenses from any other source. I further certify that if my personal automobile was used for University business during the period of travel claimed, insurance coverage was in effect to comply with the Pennsylvania Motor Vehicle Responsibility Law (Act 1984-11).

NET due Traveler: _____
 NET due University: _____

 Traveler Printed Name Supervisor/VP Printed Name Accounting Printed Name

 Traveler Signature / Date Supervisor/VP Signature / Date Accounting Signature / Date

Internal Use:
 Travel Approval Form: _____
 Original Itemized Receipt (s) _____
 If grant funds, Grant Manager approval _____