

# 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:		CELL PHONE:	HOME PHONE:	SAP G/L Account	
DELIVER CHECK TO: HOME    OFFICE    OTHER (Identify)				DEPARTMENT NAME & LOCATION:		AMOUNT ==>	\$ -

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

TRANSPORTATION COSTS												
AIRPLANE FARE										\$ -		\$0.00
RAILROAD FARE										\$ -		\$0.00
PUBLIC GROUND FARE										\$ -		\$0.00
PRIVATE AUTO MILEAGE										\$ -	RATE: 0.56	\$0.00
RENTAL VEHICLE COSTS										\$ -		\$0.00
TOLLS										\$ -		\$0.00
PARKING										\$ -		\$0.00

LODGING & MEAL COSTS												
HOTEL / MOTEL ROOM										\$ -		\$0.00
BREAKFAST										\$ -		\$0.00
LUNCH										\$ -		\$0.00
DINNER										\$ -		\$0.00

OTHER EXPENSES												
REGISTRATION FEES										\$ -		\$0.00
BUSINESS PHONE CHARGES										\$ -		\$0.00
OTHER (Supply Details Below)										\$ -		\$0.00
												\$0.00
												\$0.00

PURPOSE OF TRAVEL										Total Cost	Total Advance	Net Total
										\$ -	0	\$ -
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 Signature/Date	_____ Supervisor Signature/Date	_____ Grant Manager Signature/Date
_____ Accounting Signature/Date	_____ Finance and Admin. Signature/Date	_____ Internal Use: Travel Approval Form: Original Itemized Receipt (s) If grant funds, Grant Manager approval