## TRAVEL EXPENSE VOUCHER

**CHEYNEY UNIVERSITY OF PENNSYLVANIA**

### NAME:

<table>
<thead>
<tr>
<th>RESIDENCE STREET ADDRESS</th>
<th>CITY, STATE, ZIP CODE</th>
<th>CELL PHONE</th>
<th>HOME PHONE</th>
<th>SAP Cost Center or WBS Element</th>
</tr>
</thead>
</table>

**DELIVER CHECK TO:**

- HOME
- OFFICE
- OTHER (Identify)

**DEPARTMENT NAME & LOCATION:**

**AMOUNT => **

### LOCATIONS => FROM => TO =>

<table>
<thead>
<tr>
<th>DATE:</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THR</th>
<th>FRI</th>
<th>SAT</th>
<th>TOTAL</th>
<th>LESS ADVANCE</th>
<th>NET SUBTOTAL</th>
</tr>
</thead>
</table>

**TRANSPORTATION COSTS**

- **AIRPLANE FARE**
- **RAILROAD FARE**
- **PUBLIC GROUND FARE**
- **PRIVATE AUTO MILEAGE**
- **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**

<table>
<thead>
<tr>
<th>PURPOSE OF TRAVEL</th>
<th>TOTAL COST</th>
<th>Total Advance</th>
<th>NET TOTAL</th>
</tr>
</thead>
</table>

**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).**

**Important Note:** Attach all receipts to this form to avoid processing delays.

**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