TRAVEL EXPENSE VOUCHER

Name of Employee	**Encumbrance Document No.**	**Banner ID No.**	
Address to Send Check		**Date Mo.** / **Day** / **Yr.**	
Official Headquarters	**Home Address**		

DATE	DESCRIPTION	PRIVATE Auto Mileage Miles	PRIVATE Auto Mileage Amount	FARES	HOTEL	MEALS Breakfast	MEALS Lunch	MEALS Supper	OTHER TRAVEL EXPENSES	TOTAL EXPENSES
Totals by Object Code No. $ →				Xxx	xxx	Xxx	xxx	Xxx		

Meals perdiem:	Breakfast	Lunch	Dinner	Total
MSCA	7.50	12.50	20.00	40.00
APA	7.50	12.50	22.00	42.00
AFSCME	6.00	9.00	12.00	27.00

Index	Acct. Code

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

Signed

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TRAVELER

<u>Reminder:</u> All reimbursements must include receipts.

Current Mileage is .555 per mile

Updated: 1/27/2012