

Travel Expense Voucher

Doane College, Crete, Nebraska

Traveler _____ Department Charged _____

Purpose of Trip _____ Account # _____

Itinerary _____ Departure Date _____

List students, guests, faculty entertained _____

Date	Sunday	Monday 4/15	Tuesday 4/16	Wednesday 4/17	Thursday 4/18	Friday 4/19	Saturday 4/20	Total of ea. Line
Breakfast								
Lunch								
Dinner								
Other								
Gas								
Phone								
Hotel/Motel								
Taxi, Rental								
Plane/Train								
Parking								
Auto @ .42/mi.	Calculate reimbursed amount prior to listing in row below.							
Miscellaneous								
Daily Totals								

Note: Receipts are required for meals, entertainment, hotels, transportation and any out of pocket expenses. Meals will be reimbursed including appropriate gratuities but not liquor expenses. Valet, telephone and other personal expenses are not reimbursable. **Place college charge card expenses in the appropriate white fields and non-charged expenses in the shaded**

Please list any additional notes or explanations to expenses.

Total expenses _____

Less advances _____

and/or charges _____

Due to traveler

Due to Doane _____

Please return this expense reimbursement request within a week after the conclusion of your travel.

I certify that these expenses were incurred for college business:		Business office use:	
Traveler's signature _____	Date _____	Date _____	By _____
Division Dir. Approval _____	Date _____	Cash Returned _____	Check to Traveler _____
		Account Code _____	