

Doane University Moving Expense Voucher

Traveler _____ Department to Charge: _____

Purpose of Expense: _____ Account Number: _____

Itinerary: _____

Students, guests, faculty entertained: _____

	Sunday Date / /	Monday Date / /	Tuesday Date / /	Wednesday Date / /	Thursday Date / /	Friday Date / /	Saturday Date / /
Breakfast							
Lunch							
Dinner							
Other							
Gas							
Phone							
Lodging							
Taxi, Rental							
Airfare							
Auto @ .19/Mile							
Misc							
Daily Totals							

Total Expenses \$ _____

Less Advances \$ _____

and/or charges \$ _____

Due Traveler \$ _____

Due Doane \$ _____

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.

Circle university credit card charges and include them on the appropriate lines.

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

I certify that these expenses were incurred for university business:	Business Office Use
Traveler's signature _____ Date _____	Date _____ By: _____
Department/Division Approval _____ Date _____	Cash Returned \$ _____
	Check to Traveler \$ _____
	Accounting Code _____