



THE UNIVERSITY OF CHICAGO

TRAVEL EXPENSE VOUCHER

COMPTROLLER FORM NO. 97 (REV 5/8)

CONTROL NUMBER **T**

VOUCHER NO.

V

ISSUE CHECK TO:

EMPLOYEE NUMBER / VENDOR NUMBER		
NAME (30 CHARACTERS)		
STREET ADDRESS LINE 1 (30 CHARACTERS)		
STREET ADDRESS LINE 2 OR STREET ADDRESS / MAIL BOX NUMBER (30 CHARACTERS)		
CITY	STATE	ZIP OR FOREIGN COUNTRY

ENTER BELOW THE INFORMATION TO APPEAR ON CHECK STUB

CHECK DESCRIPTION (29 CHARACTERS)

PICK UP AT BURSAR

ENCLOSURE ATTACHED

PHONE _____

DEPARTURE DATE _____ RETURN DATE _____ DESTINATION: _____

PURPOSE: _____

I CERTIFY THAT THE AMOUNTS GIVEN HEREIN REPRESENT ACTUAL EXPENSES OF THE ABOVE TRAVEL, ARE FAIR CHARGES AND ARE IN ACCORDANCE WITH THE CURRENT UNIVERSITY OF CHICAGO TRAVEL POLICIES AND PROCEDURES.

SIGNATURE OF TRAVELER

Detail of expenditures:

Private car mileage:	@ _____ /mile \$ _____	Rental car:	\$ _____
Transportation:	\$ _____	Parking, tolls, etc.:	\$ _____
Taxi fares, limos:	\$ _____	Baggage handling, storage:	\$ _____
Hotel / Motel:	\$ _____	Meals:	\$ _____
Business telephone:	\$ _____		
Other:	\$ _____		
EXPLANATION OF OTHER: _____			

Total expenditures:	\$ _____
Less: Travel advance encumbrance no. T _____	\$ (_____)
Balance owed to Traveler:	\$ _____
Excess of Advance to be deposited with Bursar: (use Form 133 and deposit to a/c 0-17817-1620 . . . attach copy of receipt)	\$ _____

ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT OF CHARGE

REQUESTED BY: NAME	PHONE	AUTHORIZED BY: NAME	DATE	SIG. AUTH. NO.	AUTHORIZED BY: SIGNATURE