THE UNIVERSITY OF CHICAGO

TRAVEL EXPENSE VOUCHER

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

PICK UP

AT BURSAR

ENCLOSURE

ATTACHED

PHONE

ISSUE CHECK TO:

PICK UP AT BURSAR

ENCLOSURE ATTACHED

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. __________ $ ( )

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