

BANNER ID

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Vincennes University Overnight Travel Voucher

NOTICE:
SUBMIT ORIGINAL.
SIGN YOUR CERTIFICATE.

ALL REIMBURSEMENTS ARE DIRECT DEPOSIT ONLY. PLEASE KEEP YOUR ACCOUNT INFORMATION CURRENT.

Claimant Name _____

Date _____

Street Address _____

City _____

State _____

Zip _____

Department _____

Claimant Signature _____

Date _____

Purpose of Travel _____

OVERNIGHT TRAVEL												<input type="checkbox"/> VU Vehicle	<input type="checkbox"/> Personal Vehicle	<input type="checkbox"/> Rental Vehicle
Mo/Day	Travel Between Points		Hours of		Subsistence				Travel					
	From	To	Depart	Arrival	Lodging	B	L	D	Other	# Miles	Mileage			
						NA								
TOTALS														

Department Approval _____ Date _____

Division Approval _____ Date _____

Total Subsistence	
Total Travel	
TOTAL CLAIMED	
Less Advance	
Total Due	

Vendor: Do not write in this space-Vincennes University Record

Audited and Approved for Payment by _____

Voucher Number _____

EXPENSE CLASSIFICATION			
FUND	ORG	ACCOUNT	AMOUNT
TOTAL			