

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			