



# Travel Expense Voucher

Voucher Number \_\_\_\_\_

Voucher Number \_\_\_\_\_

Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

Address \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Travel Agency \_\_\_\_\_ Amount \_\_\_\_\_

Work station \_\_\_\_\_

MSU ID Number \_\_\_\_\_

Campus phone \_\_\_\_\_

Inclusive hours necessary, subject to state regulations, for meal reimbursement:

Breakfast – 6:30 a.m. to 9 a.m.  
 Lunch – 11 a.m. to 2 p.m.  
 Dinner – 5 p.m. to 9 p.m.

Mo.	Day	Left a.m./p.m.	Returned a.m./p.m.	From	To	Personal Vehicle Mileage	Groups Special Meals	Meals Reg./High	TOTALS
							B ____ L ____ D ____	B 7 8 L 8 9 D 15 19	
Purpose of trip:									
							B ____ L ____ D ____	B 7 8 L 8 9 D 15 19	
Purpose of trip:									
							B ____ L ____ D ____	B 7 8 L 8 9 D 15 19	
Purpose of trip:									
							B ____ L ____ D ____	B 7 8 L 8 9 D 15 19	
Purpose of trip:									
							B ____ L ____ D ____	B 7 8 L 8 9 D 15 19	
Purpose of trip:									

I certify that the amounts claimed are properly charged by an individual performing official duty and this claim is true and correct to the best of my knowledge.

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Department Head or Other Date

\_\_\_\_\_  
President Date

\_\_\_\_\_  
Accounting and Budgetary Control Date

Total for meals	
Total personal vehicle miles _____ at _____ per mile	
Other expenses from reverse side and continuation pages	
Grand Total (individual expenses)	
Less amount not to be reimbursed	
Net total due individual	
<b>(Accounting and Budgetary Control use only below)—Adjustments</b>	
Net total paid to individual	
Verifier's initials	

Will you receive any form of compensation or expense reimbursement directly from any source other than Morehead State University?

yes  no If yes, explain \_\_\_\_\_

Special handling \_\_\_\_\_



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*This sheet is used when there is not enough room to list all expenses on the first page of the Travel Voucher.*

Name \_\_\_\_\_

Mo.	Day	Left a.m./p.m.	Returned a.m./p.m.	From	To	Personal Vehicle Mileage	Groups Special Meals	Meals Reg./High	TOTALS
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							B ____ L ____ D ____	B 7 8 L 8 9 D 15 19	
<b>Purpose of trip:</b>									
							B ____ L ____ D ____	B 7 8 L 8 9 D 15 19	
<b>Purpose of trip:</b>									
							<i>Total for this page. Carry balance to first page of Travel Voucher.</i>		