

<b>Lake Superior State University Employee Travel Expense Voucher</b>	<b>Employee</b>	<b>Business Office Use Only</b>
	<b>Address:</b>	<b>Banner ID</b>
	<b>Dept Name</b>	<b>Invoice #</b>
Narrative: Describe purpose, destination, and name(s) of others on trip.		<b>Paydate</b>

**A TRAVEL, LODGING, MEALS**

Date										
Time of Departure										
Time of Return										
Circle meals claimed	B	L	D	B	L	D	B	L	D	TOTAL
1 Cost of meals										
2 Lodging*										
3 Conference Fees*										
4 Taxi, bus*										
5 Parking, tolls*										
6 Miscellaneous*										
7 Plane, train, bus*										
8 Other (attach receipts & describe)*										
9										
10										

**B MILEAGE - PERSONAL CAR**

Date	From	To	Miles	
11				
12				
13				
14				
<b>Total Miles</b>				x 0.50/mile =

**C ENTERTAINMENT** SEE THE PROCEDURES MANUAL FOR ALLOWABLE EXPENSES

Date	Item	Place, City, State	Firm, Guests, Business Relationship, Purpose
15			
16			
17			
18			

**PRIOR DEPARTURE APPROVAL** DATE

**EMPLOYEE'S SIGNATURE** DATE **ADDITIONAL SIGNATURE(S) AS REQUIRED** DATE

**ADMIN/SUPERVISOR SIGNATURE** DATE **ADDITIONAL SIGNATURE(S) AS REQUIRED** DATE

19. Total Expenses Lines 1 - 18

20. Cash Advance: not to be reimbursed; paid in advance; or already paid by the University.

21. Please provide detailed information regarding University P-Card Purchases made during or for this trip in this section:

22. Due Employee/(LSSU) (Subtract Line 20 from 19)

**D ACCOUNT NUMBER TO CHARGE**

INDEX	FUND	ORG	ACCT	PROG	ACTIVITY	LOCATION	AMOUNT	BUSINESS OFFICE AUDIT	
								Initial	
								Date	
<b>TOTAL</b>									

\* ATTACH ALL RECIEPTS. REQUIRED FOR ALL EXPENSES EXCEPT PER DIEM MEALS AND PARKING. LSSU 114-112008