

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

A TRAVEL, LODGING, MEALS									
Date									
Time of Departure									
Time of Return									
Circle meals claimed	B	L	D	B	L	D	B	L	D
1 Cost of meals									TOTAL
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					
Total Miles				x 0.35/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	19. Total Expenses Lines 1 - 18		
ADMIN/SUPERVISOR SIGNATURE		DATE	ADDITIONAL SIGNATURE(S) AS REQUIRED			DATE	20. Cash Advance: <small>not to be reimbursed; paid in advance; or already paid by the University.</small>		
COMMENTS:						21. Due Employee/(LSSU) <small>(Subtract Line 20 from 19)</small>			

D ACCOUNT NUMBER TO CHARGE								
INDEX	FUND	ORG	ACCT	PROG	ACTIVITY	LOCATION	AMOUNT	BUSINESS OFFICE
								AUDIT
								Initial
								Date
						TOTAL		

* ATTACH ALL RECIEPTS. REQUIRED FOR ALL EXPENSES EXCEPT PER DIEM MEALS AND PARKING. LSSU 114-102006