TRAVEL EXPENSE VOUCHER

UNIVERSITY OF LOUISVILLE

T#_____

VENDOR NUMBER_____ **DATE**_____ **Employee** ____ **Student** ____
(check one)

SPEED TYPE	ACCOUNT	REIMBURSEMENT AMOUNT
	TOTAL	$0.00

NAME OF EMPLOYEE/STUDENT:	**DEPARTMENT:**
WORKSTATION :	**CONTACT NAME:** **PHONE NUMBER: (xxx-xxxx)**
RESIDENCE ADDRESS:	**CITY, STATE AND ZIP CODE:**

Subsistence Chart

MONTH/DAY/YEAR (mm/dd/yy)	TIME OF DEPARTURE	TIME OF RETURN	LOCATION FROM	LOCATION TO	LODGING ROOM & TAXES ONLY	PRIVATE AUTO MILES	MEAL BREAKFAST	MEAL LUNCH	MEAL DINNER	TOTAL
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE										
										$0.00
PURPOSE										
										$0.00
PURPOSE										
TOTALS FOR THIS PAGE					$0.00	0.0	$0.00	$0.00	$0.00	$0.00

I hereby certify that this claim is correct and the listed expenses were reasonable and necessary to conduct official university business. I further certify that I will not be reimbursed and have not been previously reimbursed by any source outside of the University of Louisville for any expenses listed on this form.

TOTAL MILES ALL PAGES	0.0	X	0.375	PER MILE	= $0.00
TOTAL FROM OTHER PAGES					$0.00
GRAND TOTAL					$0.00

Employee/Student Signature **Date** **Title**

Supervisor's Signature **Date** **Supervisor Printed** **Title**

Authorized Signature **Date** **Authorized Printed** **Title**

Clear Fields

UNIVERSITY OF LOUISVILLE

TRAVEL EXPENSE VOUCHER – CONTINUATION PAGE 1

NAME:_____

Subsistence Chart

MONTH/ DAY [mm/dd/yy]	TIME OF DEPARTURE	RETURN	LOCATION FROM	TO	LODGING ROOM & TAXES ONLY	PRIVATE AUTO MILES	MEALS BREAKFAST	LUNCH	DINNER	TOTALS
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE										
										$0.00
PURPOSE										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
				TOTALS FOR THIS PAGE	$0.00	0.0	$0.00	$0.00	$0.00	$0.00

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UNIVERSITY OF LOUISVILLE

TRAVEL EXPENSE VOUCHER – CONTINUATION PAGE 2

NAME:_____

Subsistence Chart

MONTH/ DAY [mm/dd/yy]	TIME OF DEPARTURE	RETURN	LOCATION FROM	TO	LODGING ROOM & TAXES ONLY	PRIVATE AUTO MILES	MEALS BREAKFAST	LUNCH	DINNER	TOTALS
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE										
										$0.00
PURPOSE										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
				TOTALS FOR THIS PAGE	$0.00	0.0	$0.00	$0.00	$0.00	$0.00

Clear Fields

UNIVERSITY OF LOUISVILLE

TRAVEL EXPENSE VOUCHER – CONTINUATION PAGE 3

NAME:_____

Subsistence Chart

MONTH/ DAY [mm/dd/yy]	TIME OF DEPARTURE	RETURN	LOCATION FROM	TO	LODGING ROOM & TAXES ONLY	PRIVATE AUTO MILES	MEALS BREAKFAST	LUNCH	DINNER	TOTALS
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE										
										$0.00
PURPOSE										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
				TOTALS FOR THIS PAGE	$0.00	0.0	$0.00	$0.00	$0.00	$0.00

Clear Fields

UNIVERSITY OF LOUISVILLE

TRAVEL EXPENSE VOUCHER – CONTINUATION PAGE 4

NAME:_____

Subsistence Chart

MONTH/ DAY [mm/dd/yy]	TIME OF DEPARTURE	RETURN	LOCATION FROM	TO	LODGING ROOM & TAXES ONLY	PRIVATE AUTO MILES	MEALS BREAKFAST	LUNCH	DINNER	TOTALS
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE										
										$0.00
PURPOSE										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
										$0.00
PURPOSE:										
				TOTALS FOR THIS PAGE	$0.00	0.0	$0.00	$0.00	$0.00	$0.00

Clear Fields

OTHER EXPENSES

(may include airfare, bus fare, subway, car rental, registration fees, etc.)

DATE (mm/dd/yy)	Item of expense: (Attach receipt for each item over $30)	EXPLANATION	AMOUNT
	PLANE FARE	LIST ONLY IF PAID BY TRAVELER	
		Total Other Expenses (this page)	$0.00

Clear Fields

OTHER EXPENSES

(may include airfare, bus fare, subway, car rental, registration fees, etc.)

DATE (mm/dd/yy)	Item of expense: (Attach receipt for each item over $30)	EXPLANATION	AMOUNT
		Total Other Expenses (this page)	$0.00

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