Document No. 000000

# Travel Expense Voucher

Date: _____ Page _____ of _____

Traveler's Department Electrical and Computer Engineering Expense Voucher Contact Person _____ Phone _____

When check is ready, (check one) _____ mail to payee (address in box below ) **OR** _____ Call Dept. _____ Phone _____

Destination: _____

Purpose of trip: _____

For interviewee reimbursement, title of position interviewed for: _____

Miscellaneous and unusual items--Explain: _____

| | TOTAL |
|---|---|
| Amount = | |
| Transportation: _____ | |
| to City _____ Amount = | |
| Automobile: City _____ | |
| Total Miles _____ $0.32 per mile = | |

REGISTRATION FEES: (Itemize expenses included in Registration Fee--Attach receipt)

Meals _____

Lodging _____

Other _____ ____ Registration Fee Only

You **MUST** attach receipts for lodging, meals over routine allowance, transportation, registration fee, parking over $4.99, taxi over $14.99.

| Daily Dates of Travel | Time of Departure From Domicile | Time of Return To Domicile | MEALS (Including Tips) Breakfast | Lunch | Dinner | Lodging | Limousine Taxi or Bus | Parking Storage Tolls | Baggage Tips $1/bag | Honoraria | |
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I certify that the expenses claimed on this voucher were incurred for University business.

Traveler's Signature

Address -- (except employees & students)

Payee's name -- Typed or Printed Date Social Security Number

| | |
|---|---|
| **TOTAL THIS PAGE** | |
| **TOTAL ALL PAGES** | |
| *** LESS ADVANCE** | |
| **DUE: LSU Traveler** | |

*** MAPPING ACCOUNT:**

**Approved:**

**Immediate Supervisor**

**Other (optional)**

| Account No. | Trans. Type | Object Code | Project | Amount |
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**Audited:**

**Control Group Number**