



**TRAVEL VOUCHER**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**ID# (do not use social security#)** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_

**MDCC BOX # OR MAILING ADDRESS** \_\_\_\_\_

For mileage for privately owned auto used by me for transportation and for reimbursement of subsistence and other authorized expenses paid by me in the discharge of official duty from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_. The itemized statement follows.

**AMOUNT CLAIMED**

<b>IN-STATE TRAVEL</b>	<b>AMOUNT</b>	<b>OUT-OF-STATE TRAVEL</b>	<b>AMOUNT</b>
771 MEALS & LODGING		781 MEALS & LODGING	
775 GAS		785 GAS	
772 TRAVEL (AUTO-PRIVATE)		782 TRAVEL (AUTO-PRIVATE)	
774 TRAVEL (PUBLIC CARRIER)		784 TRAVEL (PUBLIC CARRIER)	
776 OTHER TRAVEL COST		786 OTHER TRAVEL COST	
SUB-TOTAL IN-STATE TRAVEL COST		SUB-TOTAL OUT-OF-STATE TRAVEL COST	
		LESS: TRAVEL ADVANCE	
		NET OUT-OF-STATE	
TOTAL REIMBURSEMENT REFUND			

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**MAXIMUM MEAL ALLOWANCE**

	<b>BREAKFAST</b>	<b>LUNCH</b>	<b>DINNER</b>	<b>DAILY TOTALS</b>
IN-STATE	4.00	5.00	11.00	20.00
OUT-OF-STATE	5.00	7.00	12.00	24.00

Supervisor/Division Chair/Dean \_\_\_\_\_ DATE \_\_\_\_\_

Vice-President \_\_\_\_\_ DATE \_\_\_\_\_

