

The University of Mississippi			Employee		TRAVELER'S NAME		Trip #	*REQUIRED IF A TA WAS SUBMITTED* NOTHING ELSE SHOULD GO IN THIS BOX			
Travel Reimbursement Voucher			e-mail		TRAVELER OR CONTACT PERSON		**SAP Personnel # is required				
A	Contact Person:		TRAVELER OR CONTACT PERSON	Dept Name		DEPT		Pers #	*REQUIRED* NOT STUDENT ID		
CONTACT	Purpose and Place of Trip:			Meeting:		Time	Date	Accompanied By:	Phone #		
				Began @			START DATE	DID SOMEONE ELSE GO WITH YOU?			
				Ended @			END DATE				
DAILY TRAVEL EXPENSES	*PLACE OF TRIP REQUIRED*										
	B	Date	START DATE	THROUGH	END DATE				Totals		
	1	Actual Meal Expenses: This is not a "Per Diem". You have to itemize per day the actual meal expense.									
		a.	Breakfa	TOTAL FOR THE DAY MUST NOT EXCEED THE DAILY						0.00	
		b.	Lunch	GSA MEAL RATES FOR THE DESTINATION OF YOUR TRIP						0.00	
		c.	Dinner							0.00	
		Daily Meal Totals		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		2	Lodging*	LODGING SHOULD BE BROKEN DOWN BY DAY. ANY MEALS OR PARKING SHOULD BE PUT IN THE APPROPRIATE BOXES						0.00	
									Total Meals and Lodging	0.00	
		3	Meal Tips (not to exceed 20%)	IF MEAL TIPS EXCEED 20% IT WILL BE DEDUCTED						0.00	
	4	Taxi*	TIPS SHOULD NOT EXCEED 20%, IF THEY ARE THEY WILL BE DEDUCTED						0.00		
	5	Parking, Tolls*	PARKING SHOULD BE BROKEN DOWN BY EACH DAY						0.00		
	6	Gasoline*	MUST HAVE ORIGINAL GAS RECEIPTS						0.00		
	7	Business Calls*	INTERNET CHARGES CAN GO HERE						0.00		
								Total Other	0.00		
TRANSPORTATION	C		Personal Car						Airfare*	Rental Car*	Bus/Train*
		C	Date	From	To	Mileage	Amount				
		1		MILEAGE SHOULD BE CITY TO CITY			0	ONLY AIRFARE	TOTAL FOR	BUSES	
		2		UNLESS YOU NEED TO CLAIM IN T			0	SHOULD GO	RENTAL CAR	TRAINS	
		3		MILEAGE			0	HERE		METRO RAIL	
		4					0	NOT BAGGAGE			
		5					0				
		6					0				
		7					0				
		8					0				
	9		Insert total dollar amount from Mileage Worksheet in this row								
						Totals	0.00	0.00	0.00	0.00	
EXPENDITURES	D	Registration Fees		Other Reimbursable Expenses							
			Date	Description		Amount	Date	Description		Amount	
		1	Conference Fee*	MUST HAVE		BAGGAGE FEES/ MUSEUM					
		2	Banquet Fee*	PAID RECS		TICKETS/ OTHER					
		3	Dues*	FOR THESE		REIMBURSABLE EXPENSES					
			Total Fe	0.00				Total Other Expenses	0.00		
COMMENTS	E	COMMENTS						H Total Expenses	0.00		
		ANY NOTES REGARDING THE TRIP - SHARED HOTEL WITH ANOTHER EMPLOYEE, STAYED WITH A FRIEND, ACCOUNT NUMBER IS DIFFERENT FROM TA, NOT CLAIMING SOMETHING.						I Exchange Rate**			
APPROVAL	F	CERTIFICATION: SUBJECT TO ANY DIFFERENCES DETERMINED BY AUDIT, I CERTIFY THAT THE ABOVE AMOUNT CLAIMED FOR TRAVEL EXPENSES FOR THE PERIOD INDICATED IS TRUE AND ACCURATE AND THAT PAYMENT FOR ANY PART HAS NOT BEEN RECEIVED.									
		EMPLOYEE'S SIGNATURE (REQUIRE YOUR SIGNATURE)		DATE	DEPARTMENT HEAD SIGNATURE (REQUIRE DEPT HEAD SIGNATURE)		DATE	AUDITED BY PROCUREMENT		DATE	
FINANCIAL	G	COST CENTER #	AMOUNT	APPROVAL	INTERNAL ORDER #	AMOUNT	APPROVAL	ADDRESS OR BANK CHANGES			
					ACCOUNT NUMBERS GO HERE						