

ROUTING
SUPERVISOR WITH
COST CENTER CONTROL
ACCOUNTS PAYABLE

EDINBORO UNIVERSITY

OF PENNSYLVANIA TRAVEL EXPENSE VOUCHER

FOR OFFICE USE ONLY

PRINT OR TYPE

TRAVELER'S NAME (PRINT CLEARLY)	DELIVER CHECK TO (STREET OR OFFICE ADDRESS)			
TRAVELER'S SAP EMPLOYEE NUMBER	CITY AND STATE		ZIP CODE	
UNIVERSITY PHONE NUMBER	COST CENTER	CC#		

OBJECT	AMOUNT
TOTAL	>

ITINERARY				HOTEL	FOOD	TRANSPORTATION	MISCELLANEOUS EXPENSES		TOTAL			
PURPOSE	DATE	TIME <small>LEAVE / RETURN</small>	LIST LOCATIONS <small>(FROM / TO)</small>	NAME OF HOTEL & H.O. NUMBER	CASH YOU PAID	CASH YOU PAID	NAME OF CARRIER & T.O. NUMBER	CASH YOU PAID	PERS AUTO MILES	EXPLANATION	CASH	TOTAL
					\$	\$		\$			\$	\$
COMMENTS												
TOTALS						\$		\$			\$	

I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT, REASONABLE AND WERE INCURRED IN THE PERFORMANCE OF UNIVERSITY DUTIES AND THAT I HAVE NOT AND WILL NOT ACCEPT REIMBURSEMENT OF ANY OF THESE EXPENSES FROM ANY OTHER SOURCE. I FURTHER CERTIFY THAT IF MY PERSONAL AUTOMOBILE WAS USED FOR UNIVERSITY BUSINESS DURING THE PERIOD OF TRAVEL CLAIMED, INSURANCE COVERAGE WAS IN EFFECT.

TRAVEL CLASSIFICATION

RECRUITING 40XX

ADMINISTRATIVE 41XX

PROFESSIONAL DEVELOPMENT 42XX

PERSONAL MILES
AUTO _____ AT _____ c=

LESS TRAVEL ADVANCE

#TA _____

TOTAL REIMBURSEMENT CLAIMED \$

TRAVELER SIGNATURE _____ DATE _____

SUPERVISOR WITH COST CENTER CONTROL
CHECK BOX, SIGN AND DATE

DATE _____

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