

IN AREA TRAVEL VOUCHER

Employee Name _____

Employee Number _____

Date	Origin	Destination	Purpose	Total Miles	Program Function	Amount	
Total Miles					Total Amount		0.00

I certify that the amounts claimed and projects expensed are true/complete and accurate and that payment has not been received.

Date _____ Traveler _____

I authorize payment per summary and certify that to the best of my knowledge this is a true account of authorized business travel.

Date _____ Supervisor _____

SUMMARY

FUND	G/L ACCT	FUNC	SITE	AMOUNT

Check #

Batch #
