

BANNER ID

Vincennes University Same Day Travel Voucher

NOTICE:
SUBMIT ORIGINAL.
SIGN YOUR CERTIFICATE.

ALL REIMBURSEMENTS ARE DIRECT DEPOSIT ONLY. PLEASE KEEP YOUR ACCOUNT INFORMATION CURRENT.

Claimant Name	Date
Street Address	City
	State
	Zip
Department	Claimant Signature
	Date

Purpose of Travel

SAME DAY TRAVEL **		<input type="checkbox"/> VU Vehicle	<input type="checkbox"/> Personal Vehicle	<input type="checkbox"/> Rental Vehicle				
Mo/Day	Travel Between Points		Hours of		Subsistence **		Travel	
	From	To	Depart	Arrival		Other	# Miles	Mileage
TOTALS								

Department Approval	Date
Division Approval	Date

Total Subsistence	
Total Travel	
TOTAL CLAIMED	
Less Advance	
Total Due	

Vendor: Do not write in this space-Vincennes University Record

Audited and Approved for Payment by _____

Voucher Number _____

EXPENSE CLASSIFICATION			
FUND	ORG	ACCOUNT	AMOUNT
TOTAL			