LSUHSC - NEW ORLEANS

Reset Form

TRAVEL EXPENSE VOUCHER

TRAVELER VENDOR #:
TRAVELER:
DEPARTMENT:
DEPARTMENT LOCATION:

DESTINATION #1:
DESTINATION #2:

PURPOSE OF TRIP:

							TOTAL EACH LINE
DEPARTURE TIME :		*FIRST DAY*		*LAST DAY*			
ARRIVAL TIME :		*FIRST DAY*		*LAST DAY*			
MISCELLANEOUS							0.00
CAR RENTAL							0.00
TRANSPORTATION:							
AIRFARE	FROM		TO				
MILEAGE	FROM		TO	0		0.52	0.00
TOLLS							0.00
REGISTRATION FEES:							0.00

DATES OF TRAVEL	MEALS BKFAST	MEALS LUNCH	MEALS DINNER	LODGING	LIMO TAXI BUS	CAR STORAGE	PHONE CALLS	BAG. TIPS	
07/01/2009									0.00
07/02/2009									0.00
07/03/2009									0.00
07/04/2009									0.00
07/05/2009									0.00
07/06/2009									0.00
07/07/2009									0.00
07/08/2009									0.00
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

I certify that the expenses claimed this voucher were incurred for LSUHSC business.

	AMT		
		TOTAL EXPENSE	0.00
		LESS:ADV TOTAL	0.00
		DUE TRAVELER	0.00
		DUE LSUHSC	0.00

Traveler's Signature Date Empl ID

PS ACCOUNT	FUND	DEPTID	PROGRAM	CLASS	PROJECT	TYPE		
						EXPENSES		0.00
						MILEAGE		0.00
						AIRFARE		0.00
						EXPENSES		
						MILEAGE		
						AIRFARE		
						TOTAL EXPENSE		0.00

APPROVED
Head of Department
DATE

APPROVED
Dean or Administrative Head
DATE

Department Traveler Point of Contact to Clarify Claim Information:

NAME: TELEPHONE #:

For Travel Dept Use Only	Date Received in Travel	Re-route To Dept send	Re-route To Dept return	Date Reviewed in Travel By:
Audit Timeline				
	Voucher #	Oper Id		Date Paid:

Revised: July 2009