

**TRAVEL EXPENSE VOUCHER**  
Southern Illinois University Edwardsville

**Department Contact Information**

**Purpose of Trip (state briefly)**

Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone No. # \_\_\_\_\_ Box: \_\_\_\_\_

BP	OBJ	FFY	Amount
<b>Due Traveler Amount</b>			

**Traveler Information:** Banner ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_ Apt No: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has your address changed since the last time you submitted a travel voucher?      Yes      No

Is the payment to an U.S. Citizen or Permanent Resident?      Yes      No

**Lodging and PerDiem Rates  
available here: [gsa.gov/travel](http://gsa.gov/travel)**

**Itinerary**

Date (mm-dd-yy)	Departed from: Place	Time	Arrived at: Place	Time	Auto		Trans	Lodging	Meals or Per Diem	Other Expenses		Line Totals
					Mileage	@ .67				Item	Amount	
<b>Totals</b>					\$							

**Totals  
from Page 3**  
\$ \_\_\_\_\_

**AP Use Only**

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_



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<b>Totals - Page 3</b>						\$						