

**TRAVEL EXPENSE VOUCHER - SAMPLE FOR STUDENT**

*Revised January 2016*

Name: **John Doe**  
 Banner ID: **@83045382**  
 Purpose of Travel:

Deliver check to (mailing address):  
**1492 Commonwealth Drive**  
**Indiana, PA 15701**

<b>DEPARTMENT USE ONLY</b>		
Cost Center/WBSE	Commitment Item	Amount
	<b>615175</b>	
	<b>615175</b>	
	<b>615175</b>	
	<b>Total</b>	<b>\$0.00</b>

**Professional presentation at the American College of Sports Medicine (ACSM) Conference**

**TRAVEL OFFICE USE ONLY**  
 Vendor Number: \_\_\_\_\_ 1099  
 Travel Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Yes No

Date	Leave Time	Return Time	List Locations	Pers Auto Miles	Cash You Paid
------	------------	-------------	----------------	-----------------	---------------

3/9/2009

Total Miles	150	
Rate Per Mile	\$0.540	
Totals:	<b>\$81.00</b>	<b>470.00</b>
A	B	C
Total Reimbursement (A+B+C)		

I certify that the statements and expenses claimed are in accordance with established university travel policies and were incurred in the performance of official duties.

\_\_\_\_\_  
 Traveler's Signature Date Authorizing Signature Date

**Student:**  
*after travel is complete. All receipts must be originals and must show proof of purchase. STUDENTS ARE NOT ELIGIBLE FOR FOOD REIMBURSEMENT.*  
**Dept:** *Apply dept cost center, maximum amount to be funded, and signature. Forward original travel voucher and receipts to Travel Office, B18 Clark Hall.*  
*Forward copy of travel voucher and copy of conference program to Asst Dean for Research, 122 Stright Hall to initiate transfer of funds.*