



College of William & Mary

MOVING & RELOCATION

Please check here →



TRAVEL EXPENSE REIMBURSEMENT VOUCHER

ACCOUNTING USE ONLY

DOCUMENT NUMBER

INVOICE NUMBER

INITIAL

DATE

Department:

Name:

Address:

City, State:

Zip:

Banner ID:

PERSONAL VEHICLE USE STATEMENT

PERSONAL VEHICLE - COST BENEFICIAL TO THE COLLEGE - PERSONAL MILEAGE RATE

STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE

STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

NON-EMPLOYEE

I hereby certify that all expenses listed below were incurred by me on official business of the College and include ONLY such expenses as were necessary in the conduct of business, with correct computations and supporting receipts attached.

I hereby certify that the travel undertaken in this reimbursement voucher has been reviewed and approved as necessary for the conduct of business of the College.

COLLEGE EMPLOYEE?

YES

NO

Signature of Agency Designee

Signature of Traveler

Printed Name

Title

Title

Date

Date

1. DATE	2. DESCRIPTION - Location at which expense was incurred; Points of travel and method of transport used. If POV was used, provide "from/to" for mileage claim. Provide "Other" column explanations.	3. TOTAL MILES (MAPQUEST/ ODOMETER READING)	4. MILEAGE	5. AIRFARE	6. PER DIEM	7. LODGING	8. OTHER (ITEMIZE IN COLUMN 2)	AMOUNT

TOTALS:

TOTAL SHEET 2

Form Prepared By:

Date:

TOTAL SHEET 2

Phone Extension:

Travel Advance Number:

AMOUNT

PURPOSE OF TRIP

DESCRIPTION

Conference or Training Seminar Presentation Education
 Recruitment Investigations Research Fieldwork
 Athletics Other (explain): _____

Index Account Activity Code Amount									

Maximum Reimbursement (total should equal coded amounts).