

Employee

U of C Student

Guest/Visitor



THE UNIVERSITY OF CHICAGO

FINANCIAL SERVICES FORM NO. 97 (1/10)

# TRAVEL EXPENSE VOUCHER

CONTROL NUMBER **T 855601**

VOUCHER NO. **V**

**ISSUE CHECK TO:**

EMPLOYEE NUMBER / VENDOR NUMBER		
NAME (30 CHARACTERS)		
STREET ADDRESS LINE 1 (30 CHARACTERS)		
STREET ADDRESS LINE 2 OR STREET ADDRESS / MAIL BOX NUMBER (30 CHARACTERS)		
CITY	STATE	ZIP OR FOREIGN COUNTRY

ENTER BELOW THE INFORMATION TO APPEAR ON CHECK STUB

CHECK DESCRIPTION (29 CHARACTERS)

SEND VIA MAIL OR  
 PICK UP AT BURSARS (PHONE # REQUIRED)

PHONE

DEPARTURE DATE \_\_\_\_\_ RETURN DATE \_\_\_\_\_ DESTINATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

I CERTIFY THAT THE AMOUNTS GIVEN HEREIN REPRESENT ACTUAL BUSINESS RELATED TRAVEL EXPENSES AND ARE IN ACCORDANCE WITH THE CURRENT UNIVERSITY OF CHICAGO TRAVEL POLICY AND PROCEDURES. IF A COPY OF A RECEIPT HAS BEEN PROVIDED INSTEAD OF AN ORIGINAL, I FURTHER CERTIFY THAT I HAVE NOT AND WILL NOT BE REIMBURSED FOR THESE EXPENSES FROM ANY OTHER SOURCE.

Detail of expenditures:

SIGNATURE OF TRAVELER

Private car mileage:	@	/mile \$ _____	Rental car:	\$ _____
Transportation:	\$	_____	Parking, tolls, etc.:	\$ _____
Taxi fares, limos:	\$	_____	Baggage handling, storage:	\$ _____
Hotel / Motel:	\$	_____	Meals:	\$ _____
Business telephone:	\$	_____		
Other:	\$	_____		
EXPLANATION OF OTHER: _____				

Total expenditures:	\$ _____
Less: Travel advance encumbrance no. T _____	\$ ( _____ )
Balance owed to Traveler:	\$ _____
Excess of Advance to be deposited with Bursar: (use Form 133 and deposit to a/c 0-17817-1620 . . . attach copy of receipt)	\$ _____

FOR OFFICE USE ONLY

DEPARTMENT CODE #	ACCOUNT NUMBER	AMOUNT OF CHARGE

CONTACT PERSON	PHONE #	CAMPUS MAILING ADDRESS

AUTHORIZED BY: NAME	DATE	SIG. AUTH. NO.	PHONE #	FAX #	AUTHORIZED BY: SIGNATURE

THE UNIVERSITY OF CHICAGO  
**WORKSHEET FOR TRAVEL EXPENSES**

Traveler \_\_\_\_\_ Date \_\_\_\_\_

Purpose of travel: \_\_\_\_\_

	Dates:								Total
PRIVATE CAR	MILES								
	AMT. DUE								
TRANSPORTATION									
RENTAL CAR									
TAXI FARES, LIMOS									
PARKING, TOLLS, ETC.									
HOTEL									
MEALS:	BREAKFAST								
	LUNCH								
	DINNER								
	TOTAL MEALS								
BAGGAGE HANDLING									
BUSINESS TELEPHONE									
OTHER									
TOTAL									

Explanation of Other: \_\_\_\_\_

Please attach original receipts to Travel Expense Voucher for all expenditures of \$25.00 or more. Original hotel bills and transportation tickets must be attached.