

TRAVEL EXPENSE VOUCHER

See current Travel Regulations for reimbursement rates on the web at www.iup.edu/travel

Name:			Amount
Foundation Fund			
Deliver Check to:			
Purpose of Travel:			

Itinerary				Transportation and Lodging			Subsistence	Miscellaneous		
Date	Leave Time	Return Time	List Locations	Personal Auto Miles	Provider Name & HO or TO	Cash You Paid	Per Diem Claimed	Explanation	Cash You Paid	
Total Miles				0						
Rate per Mile				\$0.535						
Totals				\$ -				0.00		
				(A)				(B)	(C)	(D)
Total Reimbursement (A+B+C+D)								\$ -		

I certify these expenses are in accordance with established FIUP travel policies and were incurred in the performance of official duties.

 Traveler's Signature Date

 Authorizing Signature Date