

## TRAVEL EXPENSE VOUCHER

See current Travel Regulations for reimbursement rates on the web at [www.iup.edu/travel](http://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