# Clarion University Travel Expense Voucher

***Complete this form, print, obtain approval signatures, attach receipts, and forward to Accounts Payable.***

| TRAVELER'S NAME (Print Clearly) | DEPARTMENT |
|---|---|
| TRAVELER'S ACCOUNTS PAYABLE VENDOR NUMBER | CAMPUS ☒ Clarion ☐ Venango ☐ Pittsburgh ☐ Erie |
| RESIDENCE STREET ADDRESS | CLASS TITLE |
| CITY AND STATE / ZIP CODE | BARGAINING UNIT / OFFICE TELEPHONE NUMBER |

**TO BE COMPLETED BY TRAVELER:**

| YEAR | ACCOUNT NUMBER | AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| DATE | ITINERARY TIME LV | ITINERARY TIME RET | ITINERARY LIST LOCATIONS | PERS. AUTO MILES | TRANSPORTATION NAME OF CARRIER | TRANSPORTATION CASH YOU PAID | LODGING NAME OF HOTEL | LODGING CASH YOU PAID | SUBSISTENCE CASH YOU PAID | MISCELLANEOUS EXPENSES EXPLANATION | MISCELLANEOUS EXPENSES CASH | Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| | | | | | ENTERPRISE RENT-A-CAR ☐ Yes ☒ No | | | | | | | 0.00 |
| | | | | | | | | | | | | 0.00 |
| **TOTALS** | | | | 0 | | 0.00 | | 0.00 | 0.00 | | 0.00 | 0.00 |

**JUSTIFICATION:**

PERSONAL AUTO

_____ MILES @ 0.575 ¢ = $ 0.00

_____
SUPERVISOR'S SIGNATURE AND DATE

**I certify that the statement and expenses claimed are correct, reasonable and were incurred in the performance of University duties and that I have not and will not accept reimbursement of any of these expenses from any other source. I further certify that if my personal automobile was used for University business during the period of travel claimed, insurance coverage was in affect to comply with the Pennsylvania Motor Vehicle Financial Responsibility Law (Act 1984-11).**

_____ _____
TRAVELER SIGNATURE AND DATE / SUPERVISOR SIGNATURE AND DATE

| | |
|---|---|
| **Personal Automobile Allowance** | $ 0.00 |
| **Total Reimbursement Claimed** | $ 0.00 |