



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		TO BE COMPLETED BY TRAVELER:		
TRAVELER'S ACCOUNTS PAYABLE VENDOR NUMBER		CAMPUS <input type="checkbox"/> Clarion <input type="checkbox"/> Venango <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Erie		YEAR	ACCOUNT NUMBER	AMOUNT
RESIDENCE STREET ADDRESS		CLASS TITLE				
CITY AND STATE		ZIP CODE				
		BARGAINING UNIT	OFFICE TELEPHONE NUMBER			

DATE	ITINERARY			PERS. AUTO MILES	TRANSPORTATION		LODGING		SUBSISTENCE	MISCELLANEOUS EXPENSES		Totals
	TIME LV	TIME RET	LIST LOCATIONS		NAME OF CARRIER	CASH YOU PAID	NAME OF HOTEL	CASH YOU PAID		CASH YOU PAID	EXPLANATION	
				ENTERPRISE RENT-A-CAR <input type="checkbox"/> Yes <input type="checkbox"/> No								

JUSTIFICATION:

TOTALS											
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PERSONAL AUTO _____ MILES @ _____ c = \$ _____ _____ 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Personal Automobile Allowance</td> <td style="text-align: center; width: 10%;">\$</td> </tr> <tr> <td style="padding: 5px;">Total Reimbursement Claimed</td> <td style="text-align: center;">\$</td> </tr> </table>	Personal Automobile Allowance	\$	Total Reimbursement Claimed	\$	
Personal Automobile Allowance	\$						
Total Reimbursement Claimed	\$						
	_____ SUPERVISOR SIGNATURE AND DATE						