



Employee Travel Expense Voucher

Last Name		First Name		M.I.	Department Name
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Home address for remittance purposes:

Street		City	State	Zip Code
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Business Purpose: _____ **Location:** _____ **Dates:** _____

Travel Advance
(See Employee Statement) \$ _____

Date m/d	Description of Expense-If mileage show starting point & destination- If meals, show purpose & attendees	Transportation		Meals		Lodging	Other	Totals to be Reimbursed	Approval Accounts Payable
		Kind*	Amount	No.	Amount				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15	Totals→								

Kind* [PA] - Private Auto [UV] - University Vehicle [RV] - Rental Vehicle [PC] - Public Carrier

EXPENSE SUMMARY FOR REIMBURSABLE ITEMS

16	Total Expenses To Be Reimbursed - This Page Only (Line 15) / Travel Advances (if applicable)	
17	Accumulated Totals Brought Forward from Line 15 - To Be Reimbursed, on previous pages	
18	Grand Total Expenses To Be Reimbursed (Line 16 & 17) NO Corrections on Grand Total Expenses	
19	Deduct Travel Advance Previously Received	
20	Balance (A Minus Figure indicates a Balance Due to University)	

EMPLOYEE'S STATEMENT

I certify that all expenses listed on the attached statement are accurate and made in accordance with the University Travel, Entertainment and Food Policy. If this is a request for an advance, I understand that I must report my expenses within 20 business days of my return from travel. If I fail to do so, or I have missing or unsatisfactorily documented items reported on this form, I understand that I will be required to reimburse the University or authorize the University, at its option, to deduct the amount from my pay.

EMPLOYEE SIGNATURE

DATE

APPROVAL

I certify that I have reviewed the contents of this Expense Voucher for compliance with the Monmouth University Travel, Entertainment and Food Policy, including the Business Purpose, Attendees, the Supporting Documents attached, and the Account Distribution.

Approving Signature	Date
Print Name	Title

Account Distribution

Account Number	Amount
-	-
-	-
-	-
-	-
-	-
-	-