EASTERN NEW MEXICO UNIVERSITY

www.enmu.edu

Travel Voucher

Date: 05/17/2011

Traveler: _____ **ID:** _____

Mail check to: _____

Department: _____ **Phone:** _____

Travel destination and purpose (agenda must be attached): _____

Departure			Return			Day(s)	Hour(s)		Personal Vehicle	
Date	Time		Date	Time					Destination	Mileage
Total mileage (use mileage chart at http://inside.enmu.edu/forms/index.php, odometer readings or MapQuest)										0
Mileage reimbursement, calculated @.42 per mile							0		$0.42	$ 0.00

Meals allowed per ENMU Travel Policy *		$
Less meals provided **	$	$ 0.00
Total		$ 0.00
Meals purchased ***		$
Meal reimbursement		$

Expenses Paid by the Traveler (not by purchasing card or other sources). Attach itemized receipts for all expense(s).

Hotel		$
Airfare		$
Registration fee		$
Taxi/Shuttle/Parking/Baggage fee/Other		$
Total expenses paid by traveler		$ 0.00
Less travel advance	$	$ 0.00
Net expenses paid by traveler		$ 0.00
Reimbursement requested (department may limit)	$	$ 0.00

* Limited to $30 per 24 hour period. Partial day 4–5.9 hrs =$6.50, 6–11 hrs= $15, 12+ hrs = $30

** $6.50 breakfast, $8.50 lunch, $15 dinner

*** Per University guidelines meal receipts **must** be kept on file in department. Please do **not** attach meal receipts or copies of meal receipt to travel voucher.

I certify the above travel has been completed for the stated purpose and the expenses incurred were necessary and proper. This voucher has been examined, the total is just and reasonable and no part of the amount requested has been paid or reimbursed by any other source.

Department Budget		
Index	Account	Amount
		$
		$
		$
		$
Total		$ 0.00

Signature of traveler _____ Date _____

Supervisor _____ Date _____

Department head _____ Date _____
(If required)

Business office approval _____ Date _____

Travel policies online: www.enmu.edu/travelpolicies