MU 12/99

TRAVEL EXPENSE VOUCHER
Millersville University

No. TV

Doc # _____

Traveler's Name (Print Clearly)	Mail Check to (street address)	Bargaining Unit Code	Department		
Traveler SAP#	City And State · Zip Code	Office Telephone No.	Year	GL Account/ Commitment Item	Cost Center/WBS/Internal Order · Amount

Purpose of Travel:	Travel Request #			
	Travel Request #			
Lodging at event hotel? Yes No	Travel Request #			

Itinerary				Transportation				Lodging		Subsistence	Miscellaneous Expenses	
Date	Time		List Destination	Pers. Auto Miles	Name of Carrier	Cash You Paid		Name of Hotel	Cash You Paid	Cash You Paid	Cash	Explanation
	Lv	Ret				Ticket	Local					
		TOTALS										

_____
Travel Signature and Date

_____
Supervisor Signature and Date

Total Cash Paid	
Pers. Auto Miles	
Total Reimbursement Claimed	
Less: Advance	
Net due Employee or University	

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 effect to comply with the Pennsylvania Motor Vehicle Financial Responsibility Law (Act 1984-11).

MEAL REIMBURSEMENT FOR
NON-OVERNIGHT TRAVEL
Millersville University

No. TV

Note: An employee who works more than two hours before the normal start of the work day or past the scheduled quitting time in non-overnight travel status will be reimbursed for the cost of the meal, up to a maximum rate established by the chancellor. This applies only if the assignment takes the employee 50 miles or more from both residence and headquarters.

The below form is to only be used to request a reimbursement for the cost of a meal while in non-overnight travel status.

Doc # _____

Traveler's Name (Print Clearly)		Bargaining Unit	Department				
Employee SAP#			Year	Amount	GL Account/Commitment Item	Cost Center/WBS/Internal Order	
Purpose of Travel:		Travel Request #					
		Travel Request #					

Date (xx/xx/xx)	Travel Time		Normal Hours Worked		List Destination	Mileage of Destination		Eligible Meal Reimbursement	Per Diem Rate	Bargaining Agreement Y/N
	Lv	Ret	Start	End		From Home	From Campus			
							Total			

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.

_____
Traveler Signature and Date

_____
Supervisor Signature and Date

Approved by:

_____
Purchasing Director

*Subsistance Reimbursement for non-overnight travel allows up to $8 per day when guidelines met. (Except where Bargaining Agreement supercedes this rate).

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