

## 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 #									
			Travel Request #									
Lodging at event hotel?      Yes      No												
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					
<b>TOTALS</b>												

\_\_\_\_\_  
Travel Signature and Date

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

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

**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

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

**FOR PAYROLL USE**