

Consortium Research Fellows Program

Travel Expense Voucher

Information in blocks 1 through 9 must be typewritten. Attach all boarding passes and receipts for all expenses over \$25 except per diem allowance for meals and incidental expenses (M&IE). This voucher must be submitted within ten business days of the traveler's return. The Consortium will issue reimbursement no later than three weeks after receiving a properly completed and approved voucher and receipts.

1. Name, Address, and Office Phone of Traveler	2. Destination(s)
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3. Date and Time of Departure	4. Date and Time of Return
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5. Status of Traveler Research Fellow (graduate student) Research Assistant (undergraduate) Post-Doc Senior Research Fellow (faculty)

6. Itemization of Expenses (Refer to Consortium *Travel Authorization and Reimbursement Policies* for allowable expenses.)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Insert Date ->								
M&IE Per Diem								
Lodging								
Airline/Rail								
Taxi								
Personal Car (complete box 9)								
Tolls/Parking								
Car Rental/Gas								
Business Phone Calls								
Misc. (Explain on separate sheet)								
Sum								

7. Less Travel Advance Received (insert minus sign before amount)

8. Amount Due Traveler or (Owed by Traveler)

9. Expense of Personal Car

From: _____ To: _____ Miles: _____ x $\text{\$}$ _____

From: _____ To: _____ Miles: _____ x 0.5F = $\text{\$}$ _____

From: _____ To: _____ Miles: _____ x 0.5F = $\text{\$}$ _____

From: _____ To: _____ Miles: _____ x 0.5F = $\text{\$}$ _____

Total (enter on Personal Car line in Box 6): $\text{\$}$ _____

10. Certification and Approval

I, the undersigned, hereby certify that the above-listed expenses were actually incurred by me for Consortium purposes as allowed by Consortium policies and procedures. No reimbursement has been received or is anticipated from any third party and, if received, will be immediately forwarded to the Consortium.

Signature of Traveler _____ Date _____

I, Director or Deputy Director of the Consortium Research Fellows Program, have reviewed and approve reimbursement for the claimed travel expenses.

Signature _____ Date _____