



TRAVEL VOUCHER

NAME _____ DATE _____

ID# (do not use social security#) _____ **DEPARTMENT** _____

MDCC BOX # OR MAILING ADDRESS _____

For mileage for privately owned auto used by me for transportation and for reimbursement of subsistence and other authorized expenses paid by me in the discharge of official duty from _____, 20____ to _____, 20____. The itemized statement follows.

AMOUNT CLAIMED

| IN-STATE TRAVEL | AMOUNT | OUT-OF-STATE TRAVEL | AMOUNT |
|--------------------------------------|---------------|------------------------------------------|---------------|
| 771 MEALS & LODGING | | 781 MEALS & LODGING | |
| 775 GAS | | 785 GAS | |
| 772 TRAVEL (AUTO-PRIVATE) | | 782 TRAVEL (AUTO-PRIVATE) | |
| 774 TRAVEL (PUBLIC CARRIER) | | 784 TRAVEL (PUBLIC CARRIER) | |
| 776 OTHER TRAVEL COST | | 786 OTHER TRAVEL COST | |
| | | | |
| SUB-TOTAL IN-STATE TRAVEL COST | | SUB-TOTAL OUT-OF-STATE TRAVEL COST | |
| | | LESS: TRAVEL ADVANCE | |
| | | NET OUT-OF-STATE | |
| TOTAL REIMBURSEMENT REFUND | | | |

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Signature of Employee _____ Date _____

MAXIMUM MEAL ALLOWANCE

| | BREAKFAST | LUNCH | DINNER | DAILY TOTALS |
|--------------|------------------|--------------|---------------|---------------------|
| IN-STATE | 14.00 | 16.00 | 29.00 | 59.00 |
| OUT-OF-STATE | 16.00 | 17.00 | 31.00 | 46.00 |

Supervisor/Division Chair/Dean _____ DATE _____

Vice-President _____ DATE _____

