

Clarion University Travel Expense Voucher

Complete this form, print, obtain approval signatures, attach receipts, and forward to Accounts Payable.											TO BE COMPLETED BY TRAVELER:							
TRAVELER'	S NAME (Print Clearl	y)			DEPARTMENT									COUNT NUMBER		AMOUNT		
TRAVELER'S	S ACCOUNTS PAYAE	BLE VENDOR NUM	MBER		CAMPUS Clarion Venango Pittsburgh Erie													
											\dashv							
RESIDENCE STREET ADDRESS					CLASS TITLE						_							
CITY AND STATE ZIP CODE					BARGAINING UNIT		OFFICE TELEPHONE NUMBER											
	ITINERARY				TRANSPORTATION			LODGING			SUBSISTENCE			MISCELLANEOUS EXPENSES				
DATE	TIME LV RET		LIST LOCATIONS	PERS. AUTO MILES	OF CARRIER	CASH YOU PAID		NAME OF HOTEL	CASH PAII					EXPLANATION	N	CASH	Totals	
					ENTERPRISE RE													
JUSTIFICA	ATION:]	
			TOTALS															
PERSONAL AUTO MILES @					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 affect to comply with the Pennsylvania Motor Vehicle Financial Responsibility Law (Act 1984-11).										\$			
	SUPERVISOR'S SIG	NATURE AND DAT	ΓE		TRAVELER SIGNATURE AND DATE SUPERVISOR SIGNATURE AND DAT									Total Reimbursement Claimed			\$	