

← Back (/forms/reportlist) The University of Mississippi
Travel Reimbursement Voucher

Employee John Kelly				Trip # 2					
e-mail john@olemiss.edu				**SAP Personnel # is required					
Contact Person: Kobe Bryant		Dept Nam CSCI		Pers # 112233					
Purpose and Place of Trip:		Meeting: Time Date		Accompanied By: Phone # 6015678293					
Place: Jackson, MS		Began @ 3 p.m. 05/08/17		Malik Monk, Steph Curry					
Purpose: Conference		Ended @ 5 p.m. 05/11/17							
CONTACT									
Date		05/08/17	05/09/17	05/10/17	05/11/17	05/12/17	05/13/17	05/14/17	Totals
1 Actual Meal Expenses: This is not a "Per Diem". You have to itemize per day the actual meal expense.									
a. Breakfast		\$12.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.00
b. Lunch		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
c. Dinner		\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00
Daily Meal Totals		\$32.00	\$	\$	\$	\$	\$	\$	\$32.00
2 Lodging*		\$89.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$89.23
DAILY TRAVEL EXPENSES		Total Meals and Lodging							\$121.23
3 Meal Tips (not to exceed 20%)		\$0.00	\$	\$	\$	\$	\$	\$	\$0.00
4 Taxi*		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
5 Parking, Tolls*		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
6 Gasoline*		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
7 Business Calls*		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
		Total Other							\$0.00
C		Personal Car					Airfare*	Rental Car*	Bus/Train*
		C	Date	From	To	Mileage	Amount		
1							0.000	N/A	N/A
2							0.000		
3							0.000		
4							0.000		
5							0.000		
6							0.000		
7							0.000		
8							0.000		
9		Insert total dollar amount from Mileage Worksheet in this row							
		Totals					\$	N/A	N/A
TRANSPORTATION									
D		Registration Fees		Other Reimbursable Expenses					
		Date	Description	Amount	Date	Description	Amount		
1		Conference Fee*	\$47.00	05/08/17	Data Science of the South	\$12.00			
2		Banquet Fee*	\$						
3		Dues*	\$						
4									
EXPENDITURES		Total Fees	\$47.00				Total Other Expenses	\$12.00	
E		COMMENTS					H Total Expenses		\$180.23
							I Exchange Rate**		1
F		CERTIFICATION: SUBJECT TO ANY DIFFERENCES DETERMINED BY AUDIT, I CERTIFY THAT THE ABOVE AMOUNT CLAIMED FOR TRAVEL EXPENSES FOR THE PERIOD INDICATED IS TRUE AND ACCURATE AND THAT PAYMENT FOR ANY PART HAS NOT BEEN RECEIVED.							
APPROVAL		EMPLOYEE'S SIGNATURE (REQUIRED)		DATE	DEPARTMENT H		DATE	AUDITED BY	
G		COST CENTER #	AMOUNT	APPROVAL	INTERNAL ORDER #	AMOUNT	APPROVAL	ADDRESS OR BANK CHANGES	
FINANCIAL									
		* RECEIPTS TO BE ATTACHED							
		** PROOF OF EXCHANGE RATE MUST BE ATTACHED							

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