

Sheet1

The University of Mississippi Travel Reimbursement Voucher				Employe-mail	Trip #	22				
				new@gmail.co	SAP Personnel # is required					
A	CONTACT	Contact Person:	4	Dept No	4	Pers #				
		Purpose and Place of Trip:		Meetin Time Date		Accompanied By:	Phone #			
B	DAILY TRAVEL EXPENSES	Date					Totals			
		1 Actual Meal Expenses: This is not a "Per Diem". You have to itemize per day the actual meal								
		a. Breakfast						0.00		
		b. Lunch						0.00		
		c. Dinner						0.00		
		Daily Meal Totals	0.00	0.00	0.00	0.00	0.00	0.00		
		2 Lodging*						0.00		
		Total Meals and Lodging						0.00		
		3 Meal Tips (not to exceed 20						0.00		
		4 Taxi*						0.00		
		5 Parking, Tolls*						0.00		
		6 Gasoline*						0.00		
		7 Business Calls*						0.00		
		Total Other						0.00		
		C	TRANSPORTATION	Personal Car						Airfare*
C	Date			From	To	Mileage	Amount			
1							0.000			
2							0.000			
3							0.000			
4							0.000			
5							0.000			
6							0.000			
7							0.000			
8							0.000			
insert total dollar amount from mileage Worksheet in this row										
Totals						0.00	0.00	0.00		
D	EXPENDITURES	Registration Fees		Other Reimbursable Expenses						
		Date	Description	Amount	Date	Description	Amount			
		1 Conference Fee*								
		2 Banquet Fee*								
		3 Dues*								
Total Fee		0.00	Total Other Expenses						0.00	
E	COMMENTS	4						H Total Expense	0.00	
								I Exchange Rate	1.0	
F	PROV	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								
G	FINANCIAL	EMPLOYEE'S SIGNATURE (REQUIRED)	DATE	DEPARTMENT HEAD SIGNATURE (	DATE	AUDITED BY	DATE			
		COST CENTER #	AMOUNT	APPROVAL	INTERNAL ORDER	AMOUNT	APPROVAL	ADDRESS OR BANK CHAN		
* RECEIPTS TO BE ATTACHED								<a href="http://procurement.olemiss.edu/trav">http://procurement.olemiss.edu/trav</a>		
** PROOF OF EXCHANGE RATE MUST BE ATTACHED										

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