

Sheet1

The University of Mississippi Travel Reimbursement Voucher				Employee	Trip #		22			
				e-mail	new@gmail.co		**SAP Personnel # is required			
A	Contact Person:	2		Dept Name	2		Pers #			
	Purpose and Place of Trip:			Meeting:	Time	Date	Accompanied By:	Phone #		
	31			Began @ 02:00AM 2/5/2017						
	Ended @ 02:00AM ###									
B	Date								Totals	
	1 Actual Meal Expenses: This is not a "Per Diem". You have to itemize per day the actual meal expenses									
	a. Breakfast								0.00	
	b. Lunch								0.00	
	c. Dinner								0.00	
	Daily Meal Totals								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	Personal Car							Airfare*	Rental Car*
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				
9	Insert total dollar amount from mileage worksheet in this row									
Totals						0.00	0.00	0.00	0.00	
D	Registration Fees		Other Reimbursable Expenses							
	Date	Description	Amount	Date	Description	Amount				
	1	Conference Fee*								
	2	Banquet Fee*	22.00							
	3	Dues*								
Total Fees		0.00	Total Other Expenses		0.00					
E	COMMENTS						H Total Expenses	0.00		
	2						I Exchange Rate*	1.0		
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. EMPLOYEE'S SIGNATURE (REQUIRED) _____ DATE _____ DEPARTMENT HEAD SIGNATURE (REQUIRED) _____ DATE _____ AUDITED BY _____ DATE _____									
G	COST CENTER #	AMOUNT	APPROVAL	INTERNAL ORDER #	AMOUNT	APPROVAL	ADDRESS OR BANK CHANGES			
FINANCIAL	* RECEIPTS TO BE ATTACHED http://procurement.olemiss.edu/travel									
	** PROOF OF EXCHANGE RATE MUST BE ATTACHED									

