Sheet1

						[e]				" l oo			
						Employed				Trip # 22			
	Travel Reimbursement Voucher						e-mail new@gmail.co				**SAP Personnel # is required		
Α	Contact Person: 4					Dept Nam 4				Pers #			
	Purpose	and Place	e of Trip:			Meeting:	Time	Date	Accomp	anied By:	Phone #		
5						Began @	02:00AM	###					
ĕ						Ended @		###					
CONTACT	s												
В	Date									Ι	Ι		
DAILY TRAVEL EXPENSES	1 Actual Meal Expenses: This is not			not a "Do	Diem" V	ou have to	itomiza ne	or day the	l actual mos	l ovnonco	Totals		
	<u> </u>				Tiota rei	Dieiii . I	ou nave to	l	l uay lile	T	I	0.00	
		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	0.00	0.00	
	2	2 Lodging*										0.00	
							Т				tal Meals and Lodging 0.00		
	3	3 Meal Tips (not to exceed 20%)										0.00	
	4	4 Taxi*										0.00	
	5	5 Parking, Tolls*										0.00	
		6 Gasoline*										0.00	
		7 Business Calls*										0.00	
	<u> </u>	/ Business Calis**								l	I Fotal Other	0.00	
<u> </u>											Total Other	0.00	
TRANSPORTATION		_	T _	_		nal Car		Mileage	I -	Airfare*	Rental Car*	Bus/Train*	
		C Date			From		To		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				
		ınseri totai uolia				amount nom wheatye			0.000				
	Workshoot					in this row Totals			0.00	0.00	0.00	0.00	
		Other Reimbursable E											
EXPENDITURES 0	Registration Fees				Data	Dagas		Amount	· ·			A ros ou unit	
					Date	Desci	Description		Date	Desci	ription	Amount	
		1 Conference Fee*											
		2 Banquet Fee*			<u> </u>								
	3	3 Dues*											
H	4												
Ш			Total Fees	0.00					Total C	Other Exp	oenses	0.00	
E	COMMEN					H Total E	xpenses	0.00					
	4											4.0	
										µ Exchan	ge Rate*	1.0	
F	CERTIFIC/	BY AUDIT, I	CERTIFY T	HAT THE A	BOVE AMO	UNT CLAIM	ED FOR						
<u>\$</u>	TRAVEL EXPENSES FOR THE PERIOD INDICATED IS TRACED.					RUE AND ACCURATE AND THAT PAYMENT F				OR ANY PART HAS NOT BEEN			
₽ROW π	RECEIVED. EMPLOYEE'S SIGNATURE (REQUIRED) DATE					DEPARTMEN	DEPARTMENT HEAD SIGNATURE (REC DATE				AUDITED BY DATE		
	` '								ALADDRESS OR BANK C				
G	COST CENTER#			AMOUNT	APPROVAL	INTERNAL	ORDER #	AMOUNT	APPROVAL	ADDRESS OR BANK		CHANGES	
										<u> </u>			
IA C													
FINANCIAL													
Z Z	* RECEIPT	S TO BE AT	TACHED					http://p	rocuren	ient.olei	miss.edા	ı/travel/	
	** PROOF OF EXCHANGE RATE MUST BE ATTACHED												
										_			