

# DUKE UNIVERSITY TRAVEL EXPENSE VOUCHER

READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING

**A** GENERAL INFORMATION

NAME OF PAYEE: \_\_\_\_\_

DATE OF TRIP: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

MAIL CHECK TO: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ : \_\_\_\_\_ RETURN: \_\_\_\_\_ : \_\_\_\_\_

PICK UP AT BURSAR'S OFFICE  
 PICK UP AT BROAD STREET

DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

ATTACH ORIGINAL RECEIPTS.							TOTAL
REGISTRATION \$ _____		AIRFARE \$ _____		PRIVATE VEHICLE _____ Miles @ _____ c = \$ _____		\$	
RENTAL VEHICLE \$ _____		TAXI \$ _____		OTHER TRANSPORTATION \$ _____			
DATE	LODGING	BREAKFAST	LUNCH	DINNER	MISCELLANEOUS EXPENSES		
					DESCRIPTION	AMOUNT	

Foreign Travel Per Diem in lieu of documentation: \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day.

**F** I certify that I have expended the amounts shown above for travel as indicated. The items were taken from records kept by me and, to the best of my knowledge, are correct. If chargeable to a grant or contract funded by an agency other than Duke University, I certify that the claimed travel expenses were by the most economical method and comply with the conditions of the grant or contract.

<b>C</b> TOTAL EXPENSES	\$ _____
Less excess departmental allocation or amount reimbursed by non-Duke sources. (Do not include Travel Advance)	_____
<b>REIMBURSABLE EXPENSES</b>	<b>\$</b> _____

D DISTRIBUTION OF CHARGES			
FUND	OBJECT	COMPONENT	AMOUNT

PAYEE SIGNATURE \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVED BY**  
 Department Head or Principal Investigator (other than payee)

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
 PREPARED BY \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

**E** N.C. SALES TAX PAID  
 (Less Travel Advance) if applicable, 1412

REQUESTOR'S NAME \_\_\_\_\_  
 REQUESTOR'S SSN \_\_\_\_\_ ( )

**REVIEWED BY**

ACCOUNTING SERVICES \_\_\_\_\_ DATE \_\_\_\_\_

<b>AMOUNT DUE DUKE</b>	<b>\$</b> _____
<b>AMOUNT DUE PAYEE</b>	<b>\$</b> _____