

TRAVEL REIMBURSEMENT FORM

(1) EMP. STATE ID # (REQ.)	(2) DOCUMENT DATE	(3) BANNER ID #	(4) DOCUMENT AMOUNT
(5) COVERED (FROM)	(6) COVERED (TO)	(7) T.A. # (IF APPLICABLE)	
(8) COLLECTIVE BARGAINING ID - UNIT CLASS #		(9) PAYEE TITLE	
(10) PAYEE NAME AND ADDRESS			
(11) PAYEE SIGNATURE			(12) DATE

ADMINISTRATIVE USE ONLY

ADVANCED PETTY CASH (IF APPLICABLE)		
I ACKNOWLEDGE THAT THE AMOUNT STATED IN BLOCK 13 WAS GIVEN TO ME AS AN ADVANCE AGAINST THE AMOUNT OF TRAVEL AND MUST MAKE A REIMBURSEMENT TO UCH MC5105.	(13) AMOUNT	(14) PAYEE'S SIGNATURE

(15) REMARKS, EXPLANATION OF UNUSUAL ITEMS, ETC.
(16) AUTHORIZED SIGNATURE

(17) INDICATE IF COMMUTATION EXPENSES HAVE BEEN CLAIMED ON THIS TRAVEL VOUCHER BY CHECKING THE APPROPRIATE BOX ON THE RIGHT. YES NO

(18) FISCAL YEAR	(19) EXPENDED AMOUNT	(20) FUND	(21) ORGN	(22) PGM	(23) ACCT	(24) PERSON TO CONTACT	(25) PHONE	(26) MAILCODE

I CERTIFY THAT I MAINTAIN AUTOMOBILE INSURANCE IN THE AMOUNT OF \$50,000/\$100,000 IF USING MY PERSONAL CAR FOR BUSINESS RELATED PURPOSES

EMPLOYEE EXPENDITURES

(27) DATE MO / DA	(28) TRAVEL		(29) TIME		(30) TRAVEL BY AUTOMOBILE				(31) LODGING		(32) MEALS		(33) MISC. EXPENSES.	
	FROM	TO	DEPART	ARRIVE	<input type="checkbox"/> STATE	<input type="checkbox"/> PERSONAL	MISC. EXP. PKG., TOLLS, GAS, OI, ETC.	AMOUNT	NO OF MILES	AMOUNT AT PER / MILE	CODE	AMOUNT	CODE	AMOUNT
SUB-TOTALS														

GRAND-TOTAL

AGENCY CERTIFICATION		
(34) DATE APPROVED	(35) AMOUNT APPROVED	(36) GENERAL ACCOUNTING APPROVAL