

# EXPENSE VOUCHER 2017

**NOTE: Unless otherwise indicated below,**

Mileage will be charged to: GL: "dept. no." -765

Meals and Misc. will be charged to: GL: "dept. no." -780

**Meal Reimbursement Policy:** If overnight travel is required (as determined by IRS Guidelines) the meal allowance may be combined into a daily total and will be a non-taxable reimbursement. If overnight travel is **not** required, the meal allowance **may not** be combined and will be a **taxable** reimbursement.

Employee Name  Employee Number

Department  Date Submitted

Describe event that prompted expense

MILEAGE (Standard rate = \$.535 mile Hauling = \$.585 mile)						
Date	From	To	Trip Miles	X Rate	Trip Total	Mileage Total
						\$ <input style="width: 50px;" type="text"/>

MEALS (up to \$10.00 Breakfast, \$15.00 Lunch, \$25.00 Dinner)						
*** - receipts required - alcoholic beverages are not reimbursable*** Please see meal policy at above***						
Date	Event Description	Breakfast	Lunch	Dinner	Day Total	Meal Total
		\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>

MISCELLANEOUS ***Receipts required			
Date	Description	Total	Misc Total
		\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>

I certify that the items for which reimbursement is requested are correct, receipts are attached (if applicable, and that no part of this request has been paid except as indicated.

Total - All Expenses \$

Minus Advance - \$

Amount to be paid \$

\_\_\_\_\_  
Employee Signature

Date:

\_\_\_\_\_  
Management Approval

Date:

Payroll Verified

Date: