



PLEASE COMPLETE AFTER TRAVEL IS COMPLETED  
 HAVE YOUR ADVISOR SIGN AND FORWARD TO DR. DEDE, 103 CARRIER

# Clarion University Travel Expense Voucher

Clarion, Pennsylvania 16214

No. 74780

NOTE: YOUR DEAN ABSOLUTELY MUST SIGN AT LOWER LEFT; IF TRAVELER IS A DEAN OR VICE-PRESIDENT, APPROPRIATE SUPERVISOR MUST SIGN.

				TO BE COMPLETED BY TRAVELER:		
TRAVELER'S NAME (Print Clearly)		DEPARTMENT		YEAR	ACCOUNT NUMBER	AMOUNT
Smith, John		Undergrad/Grad Research		11	Leave Blank	\$ 50.00
TRAVELER'S ACCOUNTS PAYABLE VENDOR NUMBER		CAMPUS				
N/A		<input checked="" type="checkbox"/> Clarion <input type="checkbox"/> Venango				
RESIDENCE STREET ADDRESS		CLASS TITLE				
000 Nair Hall - CUP		N/A				
CITY AND STATE		ZIP CODE	BARGAINING UNIT COUNT	OFFICE TELEPHONE NUMBER		
Clarion, PA		16214				

DATE	R/P	ITINERARY		LIST LOCATIONS	PERS. AUTO MILES	TRANSPORTATION		LODGING		Subistence	MISCELLANEOUS EXPENSES		TOTAL
		LV	RET			NAME OF CARRIER & T.O. NUMBER	CASH YOU PAID	NAME OF HOTEL & H.O. NUMBER	CASH YOU PAID		CASH YOU PAID	EXPLANATION	
12/2/10		Noon		Clarion	50								
				Clearfield									
12/4/10			5 p.m.	Clearfield	50								
				Clarion									
[Note: for travel policy, please refer to <a href="http://www.clarion.edu/27892/">www.clarion.edu/27892/</a> ]													

JUSTIFICATION: **To conduct research for my undergraduate project awarded Fall 2010.**

<b>TOTALS</b>	<b>100</b>											
PERSONAL AUTO		I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT, REASONABLE AND WERE INCURRED IN THE PERFORMANCE OF UNIVERSITY DUTIES AND THAT I HAVE NOT AND WILL NOT ACCEPT REIMBURSEMENT OF ANY OF THESE EXPENSES FROM ANY OTHER SOURCE. I FURTHER CERTIFY THAT IF MY PERSONAL AUTOMOBILE WAS USED FOR UNIVERSITY BUSINESS DURING THE PERIOD OF TRAVEL CLAIMED, INSURANCE COVERAGE WAS IN EFFECT TO COMPLY WITH PENNSYLVANIA INSURANCE REGULATIONS.								<b>Personal Automobile Allow.</b> \$ <b>50.00</b>		
<u>100</u> MILES @ <u>.50</u> = \$ <u>50.00</u>		TRAVELER SIGNATURE AND DATE _____ SUPERVISOR SIGNATURE AND DATE _____								<b>Total Reimbursement Claimed</b> \$		
DEAN'S SIGNATURE AND DATE _____												

\*Indicate Required or Professional Travel

White-Travel Office

Yellow-Travel Office

Pink-Traveler