Clarion University Travel Expense Voucher

Complete this form, print, obtain approval signatures, attach receipts, and forward to Accounts Payable.

TRAVELER'S NAME (Print Clearly)	DEPARTMENT
TRAVELER'S ACCOUNTS PAYABLE VENDOR NUMBER	CAMPUS ☐ Clarion ☐ Venango ☐ Pittsburgh ☐ Erie
RESIDENCE STREET ADDRESS	CLASS TITLE
CITY AND STATE / ZIP CODE	BARGAINING UNIT / OFFICE TELEPHONE NUMBER

TO BE COMPLETED BY TRAVELER:

YEAR	ACCOUNT NUMBER	AMOUNT

DATE	ITINERARY TIME LV	ITINERARY TIME RET	ITINERARY LIST LOCATIONS	PERS. AUTO MILES	TRANSPORTATION NAME OF CARRIER	TRANSPORTATION CASH YOU PAID	LODGING NAME OF HOTEL	LODGING CASH YOU PAID	SUBSISTENCE CASH YOU PAID	MISCELLANEOUS EXPENSES EXPLANATION	MISCELLANEOUS EXPENSES CASH	Totals
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
					ENTERPRISE RENT-A-CAR ☐ Yes ■ No							0.00
												0.00
JUSTIFICATION:												
TOTALS				0		0.00		0.00	0.00		0.00	0.00

PERSONAL AUTO

_____ MILES @ _____ ¢ = $ 0.00

_____
SUPERVISOR'S SIGNATURE AND DATE

I certify that the statement 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 affect to comply with the Pennsylvania Motor Vehicle Financial Responsibility Law (Act 1984-11).

_____ _____
TRAVELER SIGNATURE AND DATE / SUPERVISOR SIGNATURE AND DATE

Personal Automobile Allowance	$ 0.00
Total Reimbursement Claimed	$ 0.00