| An electronic VER is available, see the Online Voucher in the NUPortal Reques | | Department: | | | | | | | Request #: | | | | |
|---|---|--|---------------|-------------------------------------|-------------|------------------------|--|------------------------|----------------------------------|----------|------------------|---------------|--|
| | | Dept Code: | | | | | | | | | | | |
| | | Request D | equest Date: | | | | | | | | | | |
| | | Dept. Con | pt. Contact: | | | | | | Voucher #: Visitor Vendor Code: | | | | |
| NORTHWESTERN Phone: Email: | | | : | | | | | 1 | | | | | |
| | | | | | | | | , | | | | | |
| VISITOR: Please Compl | ete this Section | | | | | | Origina | l receipts i | must be submit | ted for | all claimed ex | penses | |
| Visitor Name: | | | | Business Pur | | | | se: | | | | | |
| Address: | | | | | | | | | | | | | |
| City, State ZIP: | | | | | | | | | | | | | |
| Phone: | | | | | | | | | | | | | |
| Date(s) of Travel or Expense From: T | | | | o: | | | | | | | | | |
| Expense Item | Description, Docu | Description, Documentation Requirement | | | | Explanation of Expense | | | | | | Amount | |
| Air | Coach rate; attach original passenger receipt | | | | | | | _ | | | | | |
| Rail | Attach original passenger receipt | | | | | | | | | | | | |
| Ground Transportation | Taxi, etc., attach original receipts and include tip | | | | | | | | | | | | |
| Automobile | Enter Mileage incurred on or before 12/31/2015: Enter Mileage incurred on or after 1/1/2016: | | | | | | @ 0.575 per mile: Parking Total: Tolls @ 0.540 per mile: | | | Tolls | Total: | | |
| Other Transport | r Transport Rental car, etc. | | | | | | | | | | | | |
| Hotel Room & Tax | Attach original hotel voucher | | | | | | | | | | | | |
| Meals | Attach original receipts, dinners may not exceed \$65 per night, incl. tax and tip | | | | 55 | | | | | | | | |
| Incidentals | | | | | ns | | | | | | | | |
| Non-travel Expense #1 | | | | | | | | | | | | | |
| Non-travel Expense #2 | | | | | | | | | | | | | |
| Non-travel Expense #3 | | | | | | | | | | | | | |
| VISITOR: Certification S | Signature Required | | NOR | THWE | STERN UN | IIVF | RSITY USF (| ONLY Cha | artstring Distrib | | al Expense | | |
| I certify that I have paid out these amounts for University- | | ķ | | Departm | | | Activity | | CF1 | Account | Amount | | |
| related activities in support of the business purpose listed | | | | | | | - | | 9 | | | | |
| and in accordance with University policies and procedures, | | | | | | | | | | | | | |
| that sponsored project ex | | | | | | | | | | | | 2 | |
| alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate | | | | | | | | | | | | | |
| reimbursement from North | | | | | | | | | | | | | |
| entity for any charge I am | | | | | | | | | | | | | |
| | | | I certi | or Sup fy that the ersity acc | nese expens | rea(ses w | s) Approval ere incurred fo | Required or University | related activities a | nd appro | ove them as prop | er charges to | |
| Date | | | Print Name(s) | | | Signature(s | | | | | | Date | |
| | | | | | | | | | | | | | |