

<b>UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH</b> <b>JOINT OFFICE FOR SCIENCE SUPPORT</b> P. O. Box 3000, Boulder, Colorado 80307-3000	Travel Authorization No.:
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<b>TRAVEL VOUCHER</b>	Employee ID No.:
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<b>Date:</b>	Questions regarding this trip should be referred to:  <b>X</b>	Date Received in Travel Office:	Visitor ID No.:
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Name of Traveler:	Telephone:	Home Institution:
Address:		
Period Covered		
<b>Meeting Dates:</b>		
-		
Began: _____		Ended: _____

Purpose of Trip:	Participant cost? <input type="checkbox"/> Y <input type="checkbox"/> N	Reimbursement Claimed		*Charges to Corporation (Including Tickets)	
		Domestic	Foreign	Domestic	Foreign
Itinerary: Listed Hazardous Country? <input type="checkbox"/> Y <input type="checkbox"/> N					
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					
Private Auto: _____ miles @ 0.555 per mile (IRS 01-2009 rate) Total:		\$0.00	\$0.00		
PerDiem: _____ days @ \$ _____ per day. _____ City					
Domestic _____ days @ \$ _____ per day. _____ City					
_____ days @ \$ _____ per day. _____ City					
PerDiem: _____ days @ \$ _____ per day. _____ City					
Foreign _____ days @ \$ _____ per day. _____ City					
Notes: _____ Total:					
**Lodging (Room and Tax only): _____ Total:					
**Miscellaneous Expenses (Taxi, Bus, Parking, etc.): _____ Total:					
**Rental Car: _____ Total:					
**Other (Registration Fees, Honorarium, etc.): _____ Total:					

Certified Correct: <b>X</b>	Total Expenses: (Domestic and Foreign) <b>A</b>	\$0.00	<b>B</b>
Traveler's Signature _____ Date _____	**Personal Expenses Charged to Corporation: <b>C</b>		
Account Key: _____	Cash Advance: <b>D</b>		
Approved for Charge	Due Traveler: <b>A-C &gt; D</b>	\$0.00	
By: _____	Due Corporation: <b>A-C &lt; D</b>	\$0.00	
Date: _____	**Amount to be reimbursed by another organization: <b>E</b>		
By: _____			
Date: _____			

<input type="checkbox"/> Check if househunting / relocation.	Total Cost of Trip to Corporation:	<b>A+B-C-E</b> <b>\$0.00</b>
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CERTIFICATION OF UNAVAILABILITY OF U.S. FLAG AIR CARRIERS (if not indicated on TA)

Include Page 5 (Waiver Checklist) of this workbook, if not included with the TA, to indicate Certification of Unavailability of U.S. Flag Air Carriers. MUST be signed by a professional travel agency.

### INSTRUCTIONS

Receipts (original when possible) for transportation, lodging, parking, laundry, and other miscellaneous items, greater than \$50, must be attached to this voucher. If NO receipts are attached, please provide "Exception to Policy" approval.

All long distance telephone calls must be itemized as business or personal.

### CHARGES TO CORPORATION

DATE	LODGING (Place or City)	AMOUNT	MISC. EXPENSES (Type of Expenses)	AMOUNT	OTHER (Reg Fees, Honorarium, etc.)	AMOUNT	
TOTAL:			TOTAL:			TOTAL:	

DATE	RENTAL AGENCY	LOCATION	AMOUNT

### REIMBURSABLE TO TRAVELER

DATE	LODGING (Place or City)	AMOUNT	MISC. EXPENSES (Type of Expenses)	AMOUNT	OTHER (Fees, Honorarium, etc.)	AMOUNT	
TOTAL:			TOTAL:			TOTAL:	

DATE	RENTAL AGENCY	LOCATION	AMOUNT

Explanation of Personal Expenses or detailed amount to be reimbursed by another organization:

**FOREIGN****INSTRUCTIONS**

Receipts (original when possible) for transportation, lodging, parking, laundry, and other miscellaneous items, greater than \$50, must be attached to this voucher. If NO receipts are attached, please provide "Exception to Policy" approval.

All long distance telephone calls must be itemized as business or personal.

**CHARGES TO CORPORATION**

DATE	LODGING (Place or City)	AMOUNT	MISC. EXPENSES (Type of Expenses)	AMOUNT	OTHER (Reg Fees, Honorarium, etc.)	AMOUNT
TOTAL:			TOTAL:			TOTAL:

DATE	RENTAL AGENCY	LOCATION	AMOUNT

**REIMBURSABLE TO TRAVELER**

DATE	LODGING	AMOUNT	MISC. EXPENSES (Type of Expenses)	AMOUNT	OTHER (Fees, Honorarium, etc.)	AMOUNT
TOTAL:			TOTAL:			TOTAL:

DATE	RENTAL AGENCY	LOCATION	AMOUNT

Exchange rate(s) used:  
*(e.g. \$1 USD=1.8924 Euro)*