

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

Travel Classification: _____

TRAVEL EXPENSE VOUCHER

Date: _____

Name: _____

SS#: _____

Campus Address: _____

Home address: _____

Destination¹: _____

Purpose: _____

Date	Explanation ²	Mileage & Rate	Trans- portation	Meals			Lodging ²	Misc. ²	Total
				B	L	D			

¹List points of travel

²Attach necessary receipts and describe miscellaneous expenses in misc. column.

TOTAL EXPENSES REPORTED -----

I certify the above expenses were incurred by me in fulfillment of my duties to the University System of New Hampshire, and the amounts shown conform to travel regulations shown on the reverse side or in the University System policy manual.
Name and account number to be charged:

(use this space if an advance was received)

Amount of Advance _____ \$ _____
Date Issued _____

Balance Due Cashier _____ \$ _____

or
Due Payee _____ \$ _____

Signature of Payee _____

Approved _____
(Department Head)

Approved _____
(Dean or Director)

VENDOR CODE ACCT.

FUND	AREA	ORGN	OBJ CODE	ENC CODE	AMOUNT

TRAVEL ADVANCE

FUND	BS	(D)