

2023

CR# \_\_\_\_\_

## STOCKTON UNIVERSITY

**TRAVEL EXPENSE / PAYMENT VOUCHER FORM**

To be used in conjunction with direct pay and credit card reconciliation.  
Attach original receipts that total to reimbursement amount.

PAYEE INFORMATION				MISCELLANEOUS EXPENSES				
Payee Name:				Expense Description/Business/Purpose/Attendees/Other				
Z#: Dep't. Name:								
Fund:		Org:		Account:		Program:		
ITEMIZED EXPENSES								
	Dates	TXN#	All Itemized Expenses (Chronological)	Air Travel	Oth. Trans.	Hotel	Meals	Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
Miles Traveled								
Miles Deducted								
(*If traveler is being compensated on travel dates, deduct normal work commute.								
Total Net Miles								
Total Net Miles @ .655¢ Mile								
				<b>TOTAL TRAVEL EXPENSES \$</b>				
<b>LESS UNIVERSITY PCARD EXPENSES</b>				<b>Total</b>		<b>\$</b>		
TXN#s:								
<b>Notes:</b>				<b>LESS NON -REIMBURSABLE EXPENSES \$</b>				
				<b>TOTAL AMOUNT DUE FOR REIMBURSEMENT \$</b>				
				If a negative total amount is due, please submit check payable to the University with reconciliation.				
<b>E. AUTHORIZED SIGNATURES</b>			Please use colored ink for signatures so that originals may be distinguished from copies.					

I CERTIFY THAT ALL OF THE CHARGES INCLUDED IN ABOVE AMOUNT WERE NECESSARY AND INCURRED FOR OFFICIAL UNIVERSITY BUSINESS I CERTIFY THAT ANY EXCESS FUNDS HAVE BEEN REIMBURSED TO THE UNIVERSITY AS REQUIRED.

PAYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_