

2025

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 <small>(*If Normal Work Day, Deduct Normal Commutation Mileage/Official Station-RSC)</small>								
Total Net Miles								
Total Net Miles @ .47¢ Mile								
<b>TOTAL TRAVEL EXPENSES \$</b>								
<b>LESS UNIVERSITY PCARD EXPENSES</b>						<b>Total \$</b>		
TXN#'s:								
<b>Notes:</b>						<b>LESS NON -REIMBURSABLE EXPENSES \$</b>		
<b>TOTAL AMOUNT DUE FOR REIMBURSEMENT \$</b>								
<small>If a negative total amount is due, please submit check payable to the University with reconciliation.</small>								
<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: \_\_\_\_\_