

**Travel Expense Voucher**

**Eastern Kentucky University**

**Check #**

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Name of Employee:

Employee ID No.  EKU Department Name:

Campus Phone:  Campus Address:

Employee Work Station

Financial Manager's Signature(s)	Org. Code/Account #	Amount

Home Address  City:  State:  Zip Code:

<b>Total Amount Paid</b>	<b>0.00</b>
Voucher #	
Reference #	

**INSTRUCTIONS FOR COMPLETION OF THIS TRAVEL EXPENSE VOUCHER CAN BE FOUND AT [www.eku.edu/travel/](http://www.eku.edu/travel/)**

Subsistence Chart (meals, taxes, tips)				
Entire Time Frames		KY & US	High-Rate	
6:30 am to 9:00 am	*Breakfast	\$7.00	\$8.00	
11:00 am to 2:00 pm	*Lunch	\$8.00	\$9.00	
5:00 pm to 9:00 pm	Dinner	\$15.00	\$19.00	
* In-state travel requires overnight stay for breakfast & lunch.				
DO NOT CLAIM MEALS INCLUDED IN REGISTRATION FEE.				

**IF YOUR TRAVEL CONTAINS PREPAID ITEMS, PLEASE COMPLETE THE BOTTOM PORTION OF THE OTHER EXPENSE PAGE. THESE ITEMS WILL BE DEDUCTED FROM YOUR REIMBURSEMENT.**

Month	Day	Left a/p	Returned a/p	City-to-City Mileage	Vicinity Mileage	Parking & Tolls	Lodging	Subsistence		Total
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								B		
<b>From:</b>				<b>To:</b>				L		0.00
<b>Purpose:</b>								D		

								B		
<b>From:</b>				<b>To:</b>				L		0.00
<b>Purpose:</b>								D		

								B		
<b>From:</b>				<b>To:</b>				L		0.00
<b>Purpose:</b>								D		

								B		
<b>From:</b>				<b>To:</b>				L		0.00
<b>Purpose:</b>								D		

**Totals for this page:** 0.00      0.00      0.00      0.00

Total Mileage: 0.00 x .43 per mile = Total Mileage expense: 0.00

We certify that the amounts claimed are proper charges by a statutory employee of the Commonwealth in the discharge of official duties and that this claim is true and correct to best of our knowledge (see KRS 523.100).  
**I certify that I have not been reimbursed nor will I be reimbursed by any other organization for any of the expenses listed on this Travel Expense Voucher.**

Other Expense page(s) total:	0.00
Continuation page(s) total:	0.00
<b>Grand Total:</b>	<b>0.00</b>

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Accounting & Financial Services' Signature \_\_\_\_\_ Date \_\_\_\_\_

TRAVEL EXPENSE RECONCILIATION	
Grand Total:	0.00
Total Amount <b>Prepaid</b> by EKU	0.00
Total Amount Owed To Traveler	0.00
<b>Reimbursement LIMIT NOT TO EXCEED:</b>	