SHIPPENSBURG UNIVERSITY (PLEASE TYPE OR PRINT LEGIBLY USING BALLPOINT PEN.) TRAVEL EXPENSE VOUCHER										PAGE OF			
TRAVELER'S	NAME		DEPARTMENT/OFFICE								COST CENTER	GL ACCOUNT	AMOUNT
							HEADQUARTERS 1			_			
HOME ADDR	ESS	BARGAINING UNIT											
	ALL PAYMENTS WILL BE MAILED TO THE DESIGNATED DEPT./OFFICE. EACH TRAVELER MAY CLAIM ONLY HIS OR HER EXPENSES.												
DATE		ITINERARY			TRANSPORTATION 2 LODGING 3 MEALS 4						SCELLANEOUS		
YEAR	TIM LV	TIME LV RET LOCATION(S)		PERS. UNIV. CAR/VAN/BUS AUTO (Circle One) OR MILES NAME OF CARRIER		CASH YOU PAID	NAME OF HOTEL	CASH YOU PAID	CASH YOU PAID	REGIST./CONFERENCE FEES ⁵ ; PARKING, TOLLS, OTHER ⁶		CASH YOU PAID	TOTAL
													
DATE			PURPOSE OF TRAVEL/COMMEN	TS									_
													-
I am unable to operate a motor vehicle because of my disability; therefore, I have not completed the section requiring a driver's license number. PERSON AUTO @ ¢ MILE												¢ MILE	
MY NORMAL WORKING HOURS ARE to to									TOTAL REIMBURSEMENT CLAIMED				
I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT AND REASONABLE, AND WERE INCURRED IN THE PERFORMANCE OF UNIVERSITY DUTIES, AND THAT I HAVE NOT AND WILL NOT ACCEPT REIMBURSEMENT OF ANY OF THESE EXPENSES FROM ANY OTHER SOURCE.													_
OFFICIAL USE ONLY												E ONLY	
TRAVELER SIG	RAVELER SIGNATURE DATE SUPERVISOR SIGNATURE DATE						<u> T</u>	RAVEL FUND	OING APPROVAL/DATE: COST CENTER	GL ACCT.	AMOUNT		
				-	SS. E. WIGON GIGIWA			2	F	PAY	COST CENTER	GL ACCI.	VINIONII
EMPLOYEES AND SUPERVISORS ARE RESPONSIBLE FOR INSURING THAT EXPENSES CLAIMED ON TRAVEL EXPENSE VOUCHERS ARE PROPER AND ACCURATE. THIS FORM MUST BE RECEIVED BY ACCOUNTS PAYABLE WITHIN 60 DAYS OF RETURN DATE.													

TRAVEL EXPENSE VOUCHER INSTRUCTIONS

- ¹ Employees are not eligible for reimbursement of transportation expenses between residence and headquarters. When an employee is required to travel directly from home to a work or conference site, the distance from home to work site, or headquarters to work site, whichever is shortest, will be used to calculate mileage.
- ² If Transportation Order used, attach copies 3 & 4 of T.O.; do not include in TOTAL REIMBURSEMENT CLAIMED. Original receipts required for plane, bus, train; original receipt required for taxi in accordance with current SSHE Travel Regulations and Commonwealth of Pennsylvania Travel and Subsistence Expenses Management Directive.
- ³ If Hotel Order used, attach copies 3 & 4 of H.O. with copy of hotel bill; do not include in TOTAL REIMBURSEMENT CLAIMED. Original receipts required, both hotel bill and method of payment. If hotel expense exceeds maximum allowable by regulation, justification required.
- ⁴PLEASE NOTE THAT ALLOWANCE FOR MEALS DOES NOT REQUIRE RECEIPTS. HOWEVER, THEY ARE NOT FLAT RATES AND ONLY AMOUNTS EXPENDED MAY BE CLAIMED. Collective bargaining agreement provisions apply to meal allowances.
- ⁵Receipt required. A copy of the conference brochure or registration form must be submitted with the Travel Expense Voucher. If Registration was prepaid by University, indicate Prepaid Registration; and do not include in TOTAL REIMBURSEMENT CLAIMED.
- ⁶ Original receipts may be required, in accordance with current SSHE Travel Regulations and Commonwealth of Pennsylvania Travel and Subsistence Expenses Management Directive.

STAPLE RECEIPTS TO BACK OF TRAVEL EXPENSE VOUCHER.