TRAVEL EXPENSE VOUCHER

Lock Haven University

No. TV

Funds Reservation # _____

Travelerôs Name (Print Clearly)	Mail Check to (street address)	Bargaining Unit Code	Department
Employee SAP#	City And State Zip Code	Office Telephone No.	

Purpose of Travel:		Year	GL Account/ Commitment Item	Cost Center/WBS/Internal Order	Amount
	Travel Request #				
	Travel Request #				
	Travel Request #				

Itinerary				Transportation				Lodging		Subsistence	Miscellaneous Expenses	
Date	Time		List Locations	Pers. Auto Miles	Name of Carrier	Cash You Paid		Name of Hotel	Cash You Paid	Cash You Paid	Cash	Explanation
	Lv	Ret				Ticket	Local					
			TOTALS	**0.00**		**$0.00**	**$0.00**		**$0.00**	**$0.00**	**$0.00**	

Traveler Signature and Date

Supervisor Signature and Date

I certify that the statement and expenses claimed are correct, 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. I further certify that if my personal automobile was used for University business during the period of travel claimed, insurance coverage was in effect to comply with the Pennsylvania Motor Vehicle Financial Responsibility Law (Act 1984-11).

Total Cash Paid	$ 0.00
Pers. Auto Miles 0.00 @ 0.500	$ 0.00
Total Reimbursement Claimed	$ 0.00
Net due Employee or University	$ 0.00