



**EXAMPLE Travel Voucher**

State of Illinois  
Normal, IL 61761

Job Title MCN Faculty / Staff / Student (Circle One)

|   |   |          |           |                                    |
|---|---|----------|-----------|------------------------------------|
| <b>Purpose of Travel</b><br><br>Conference name, place and dates attended | University ID #<br>123-45-6789  | Zip Code | Type Code | 3. Voucher No.                     |
|   | 2. Traveler Name and Address - Payee<br>Melissa Bevins<br>Campus Box 5810<br>Normal, IL 61790 |          |           | 4. Voucher Date                    |
|   |   |          |           | 5. Appropriate Account Code Number |
|   |   |          |           | 6. Headquarters <b>Normal, IL</b>  |
|   |   |          |           | 7. Residence                       |

| 8. Date   | 9. Departed From |         | 10. Arrived At |          | 11. Auto Mileage | 12. Auto Reimbursement @ .505 | 13. Trans | 14. Lodging | 15. Meals or Per Diem | 16. Other Expenses     |          | 17. Line Totals |
|-----------|------------------|---------|----------------|----------|------------------|-------------------------------|-----------|-------------|-----------------------|------------------------|----------|-----------------|
|           | Place            | Time    | Place          | Time     |                  |                               |           |             |                       | Item                   | Amount   |                 |
| 6/25/2008 | Normal           | 6:00 AM | O'Hare         |          | 133.0            | \$ 67.17                      |           |             |                       |                        |          | \$ 67.17        |
| 6/25/2008 | O'Hare           |         | Portland, OR   |          |                  | \$ --,--                      |           | \$ 150.00   | \$ 32.00              | Taxi to hotel          | \$ 50.00 | \$ 232.00       |
| 6/26/2008 |                  |         |                |          |                  | \$ --,--                      |           | \$ 150.00   | \$ 32.00              | Internet               | \$ 9.00  | \$ 191.00       |
| 6/27/2008 |                  |         |                |          |                  | \$ --,--                      |           | \$ 150.00   | \$ 19.00              | taxi to medical center | \$ 55.00 | \$ 224.00       |
| 6/27/2008 |                  |         |                |          |                  | \$ --,--                      |           |             |                       | taxi to nursing home   | \$ 40.00 | \$ 40.00        |
| 6/27/2008 |                  |         |                |          |                  | \$ --,--                      |           |             |                       | taxi back to hotel     | \$ 50.00 | \$ 50.00        |
| 6/28/2008 | Portland         |         | O'Hare         |          |                  | \$ --,--                      |           |             |                       | Internet               | \$ 9.00  | \$ 9.00         |
| 6/28/2008 | O'Hare           |         | Normal         | 11:00 PM | 133.0            | \$ 67.17                      |           |             | \$ 32.00              |                        |          | \$ 99.17        |
|           |                  |         |                |          |                  | \$ --,--                      |           |             |                       |                        |          | \$ --,--        |

\* If you have more than one expense to go into the "Other" column, put them on separate lines with the date the expense was incurred (see example under date 6/25/08)  
 \* I put my drive to O'Hare on a separate line so Travel understood I drove to O'Hare and then flew to Portland. If you don't have any mileage to claim, just put from Normal to your final destination. No need to put all stops in between.  
 \* Don't put the cost of the conference on a travel voucher if the cost was over \$50. Those have to go on a separate type of voucher. If you give Diane or I the information, we'll take care of that for you.  
 \* In order for us to determine per diem meals we only need to know when you LEFT Normal (or your "home base") and when you got back (see example dates 6/25/08 and 6/28/08). If you had a meal included in your conference, please let us know that and we'll determine per diem for that date (see example 6/27/08. I had breakfast and lunch included in my conference that date).  
 \* If you do any driving of your personal vehicle, as I did to O'Hare, make sure you put your license plate number and the state the vehicle is registered in in box 18.

|            |        |  |   |               |              |               |               |                |                         |           |
|------------|--------|--|---|---------------|--------------|---------------|---------------|----------------|-------------------------|-----------|
| Exp. Obj.  | Amount | 18. State License Plate #<br><br>IL Wtchy4 |   |               |              |               |               |                |                         |           |
|            | 1291   |  | 19. 266.0   | 20. \$ 134.33 | 21. \$ --,-- | 22. \$ 450.00 | 23. \$ 115.00 | 24. Sub Totals | \$ 213.00               |           |
|            | 1292   |  | Payment of interest may be available if the Satate fails to comply with the Illinois Prompt Payments Act. (Ill. Rev. Stat. 1987, ch. 127, par. 132.401) |               |              |               |               |                | <b>25. Total Amount</b> | \$ 912.33 |
| Total Exp. |        |  |   |               |              |               |               |                |                         | \$ --,--  |

I certify that, in accordance with Section 12 of "An Act in Relation to State Finance", the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner, and tht I have not been furnished with transportation or money in lieu thereof for any part; and that if reimbursement for use of a private automobile is requested, I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code.

|                                 |  |             |                                       |
|---------------------------------|--|-------------|---------------------------------------|
| <b>26. Traveler's Signature</b> | <b>Sign here. If we have to make any changes your signature will still be good</b> | <b>Date</b> | <b>Date you finished your voucher</b> |
|---------------------------------|--|-------------|---------------------------------------|

This certifies that the travel shown above was required by the official duties of the traveler named, to my personal knowledge, or as indicated by records submitted to me, and that I pre-approved any conference room rates that exceed the reimbursement schedule.

|                           |  |                            |                        |
|---------------------------|--|----------------------------|------------------------|
| <b>27. Account Number</b> | <b>28. Account or Department Name</b>      | <b>29. Approved Amount</b> | <b>30. Approved by</b> |
|                           | <b>Mennonite College of Nursing - 5810</b> | <b>\$ 912.33</b>           |                        |