☐ **Employee**　　　　　☐ **U of C Student**　　　　　☐ **Guest/Visitor**

THE UNIVERSITY OF CHICAGO

FINANCIAL SERVICES FORM NO. 97 (1/10)

TRAVEL EXPENSE VOUCHER

CONTROL NUMBER **T 490443**

VOUCHER NO.

V

ISSUE CHECK TO:

EMPLOYEE NUMBER / VENDOR NUMBER

NAME (30 CHARACTERS)

STREET ADDRESS LINE 1 (30 CHARACTERS)

STREET ADDRESS LINE 2 OR STREET ADDRESS / MAIL BOX NUMBER (30 CHARACTERS)

CITY　　　　　　　　　STATE　　　　　　　　ZIP OR FOREIGN COUNTRY

ENTER BELOW THE INFORMATION TO APPEAR ON CHECK STUB

CHECK DESCRIPTION (29 CHARACTERS)

☐ SEND VIA MAIL **OR**

☐ PICK UP AT BURSARS (PHONE # REQUIRED)

PHONE

DEPARTURE DATE _____　RETURN DATE _____　DESTINATION: _____

PURPOSE: _____

I CERTIFY THAT THE AMOUNTS GIVEN HEREIN REPRESENT ACTUAL BUSINESS RELATED TRAVEL EXPENSES AND ARE IN ACCORDANCE WITH THE CURRENT UNIVERSITY OF CHICAGO TRAVEL POLICY AND PROCEDURES. IF A COPY OF A RECEIPT HAS BEEN PROVIDED INSTEAD OF AN ORIGINAL, I FURTHER CERTIFY THAT I HAVE NOT AND WILL NOT BE REIMBURSED FOR THESE EXPENSES FROM ANY OTHER SOURCE.

_____
SIGNATURE OF TRAVELER

Detail of expenditures:

Private car mileage: @ _____ /mile $_____	Rental car: $_____
Transportation: $_____	Parking, tolls, etc.: $_____
Taxi fares, limos: $_____	Baggage handling, storage: $_____
Hotel / Motel: $_____	Meals: $_____
Business telephone: $_____	
Other: $_____	

EXPLANATION OF OTHER: _____

Total expenditures: $_____

Less: Travel advance encumbrance no.　T _____　$(_____)

Balance owed to Traveler: $_____

Excess of Advance to be deposited with Bursar: $_____
(use Form 133 and deposit to a/c 0-17817-1620 . . . attach copy of receipt)

DEPARTMENT CODE #	ACCOUNT NUMBER	AMOUNT OF CHARGE

CONTACT PERSON	PHONE #	CAMPUS MAILING ADDRESS

AUTHORIZED BY: NAME	DATE	SIG. AUTH. NO.	PHONE #	FAX #	AUTHORIZED BY: SIGNATURE