Date _____

Purchasing

WESTERN ILLINOIS UNIVERSITY Non-Employee Travel Voucher

Voucher
Number

00

TO BEGIN click the <u>START NEW</u> button for the FIRST (or subsequent) travel voucher(s) to receive the next available voucher number.

ost Center Nar	me						Cost Cer	nter #		4550
Vendor Number							Encumb	Encumbrance TC Exp		
ayee							FEIN	//SSN		
ddress										
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C R	ef	De	esc				Da	te	_ Amt	
8. Date	9. Departed From		10.Arrived At			12. Auto	13. Trans 14.	15 Meals	16. Other Expenses	
	Place	Time	Place	Time	Mileag e @ <u>.70</u>	Reimburse- ment	Lodging	or/ Per Diem	Item	Amount
1291 1292									L AMOUNT	
duties of the tra by records sub- section 5.1 of	nat the travel showr veler named to my mitted to me. If appli the Governor's Off	personal knowle icable, the report	juired by the official dge, or as indicated ting requirements of ent and Budget Act	I certii and ju amou or una practii have paym foreve dema	fy that, in a ust; that the nts charge avoidable cable disp not been ent in full er dischar nds, and o	ccordance wii e detailed item ed for subsiste delays, requir atch, by the s furnished with be ard ge the Board auses of actic	h Section 12 of "An Act as charged within are taince were actually paiding my stay at hotels for hortest route usually to transportation or moof Trustees of Western of Trustees of Western which the undersign	aken and verified from , and the expenses we or the time specified; the raveled, in the custom iney in lieu thereof for in Illinois University, I cern Illinois University and, may have now or	memorandum ke ere occasioned by nat I performed th ary reasonable m r any part. In condo hereby irrevoce and its members in the future for a	pt by me; that the official business e journey with alcanner, and that issideration of the ably release and from all claims ny and all loss o
Fiscal Agent Date					expenses resulting from, arising out of, or in any way connected to the aforesaid reimbursement. Traveler Signature Date					

Date