Date _____

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

WESTERN ILLINOIS UNIVERSITY
Non-Employee Travel Voucher

Start New

Voucher Number 38230 00

Cost Center Name _____ Cost Center # _____ - 4550

Vendor Number | | | | | | | | | | | |

Encumbrance TC _____ Exp Class _____

Payee _____ FEIN/SSN _____

Address _____

Requested By _____ Phone Number _____

TC _____ Ref _____ 38230 Desc_____ Date _____ Amt 0.00

8. Date	9. Departed From		10.Arrived At		11.Auto Mileage @.655_	12. Auto Reimburse-ment	13. Trans	14. Lodging	15 Meals or/ Per Diem	16. Other Expenses	
	Place	Time	Place	Time						Item	Amount
1291			**SUBTOTALS--**			0.00	0.00	0.00	0.00		0.00
1292										**TOTAL AMOUNT--**	0.00

Purpose of Travel:

Traveler Comments/Explanations:

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. If applicable, the reporting requirements of section 5.1 of the Governor's Officeof Management and Budget Act have been met.

_____
Fiscal Agent Date

_____
Purchasing Date

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 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 that I have not been furnished with transportation or money in lieu thereof for any part. In consideration of the payment in full by the Board of Trustees of Western Illinois University, I do hereby irrevocably release and forever discharge the Board of Trustees of Western Illinois University and its members from all claims, demands, and causes of action which the undersigned, may have now or in the future for any and all loss or expenses resulting from, arising out of, or in any way connected to the aforesaid reimbursement.

_____
Traveler Signature Date