

Date _____

WESTERN ILLINOIS UNIVERSITY Non-Employee Travel Voucher

Voucher
Number

00

Cost Center Name _____ Cost Center # _____ - 4550

Vendor Number

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Encumbrance TC _____

Exp Class _____

Payee _____ FEIN/SSN _____

Address _____

Requested By _____ Phone Number _____

TC _____ Ref _____ Desc _____ Date _____ Amt _____

8. Date	9. Departed From		10. Arrived At		11. Auto Mileage @ .56	12. Auto Reimbursement	13. Trans	14. Lodging	15. Meals or/ Per Diem	16. Other Expenses		
	Place	Time	Place	Time						Item	Amount	
1291			SUBTOTALS--									
1292											TOTAL AMOUNT--	

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 Office of Management and Budget Act have been met.

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.

Fiscal Agent _____

Date _____

Traveler Signature _____

Date _____

Purchasing _____

Date _____

Vice President (if \$1,000 or over) _____

Date _____