S. Lawrence University  
Travel/Moving Expense Reimbursement Voucher

(1) Employee Name: ________________________________  (2) Department: ________________________________

(3) Business Purpose of Travel: ________________________________

PLEASE SUBMIT TO THE DEAN'S OFFICE BY MONDAY AT 4PM FOR A CHECK ON FRIDAY OR A DIRECT DEPOSIT ON THE FOLLOWING MONDAY.

(4) Dates of travel

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Totals</th>
</tr>
</thead>
</table>

Destination by day

Expense categories:
- Personal Car Travel Mileage
  - Mileage allowance (.50/mile)
- Moving Mileage
  - Mileage allowance (.165/moving)
- Conference Fee
- Hotel/Lodging
- Airline/train transportation
- Parking
- Tolls
- Valet
- Breakfast
- Lunch
- Dinner
- Misc Expense*

Daily Totals

Amount 0.00  Explanation of Misc Charges  Less: travel cash advance

Balance due employee*  (If expenses exceed advance)
Balance due University  (If deductions exceed advance)

The total amount charged to accounting codes should equal the total amount of daily expenses reported in (5).

(5) ____________

(6) ____________

If balance is due to employee and employee is enrolled in direct deposit for payroll, reimbursement will be made by direct deposit. Otherwise, check will be issued for reimbursement payment.

(7) ____________

(8) ____________

(9) ____________

(10) ____________

(11) If reimbursement by check, indicate if check to be mailed or picked up.

(12) ____________

Employee Signature  Date

(13) ____________

Approved by Dean's Office  Date

Check in campus mail (circle one) yes no