

MASSART

TRAVEL EXPENSE VOUCHER

NAME OF EMPLOYEE _____		I hereby certify that this travel was necessary and authorized.		
		APPROVED BY: _____		DATE: _____
MASSART ID # _____	DATE SUBMITTED _____		DEPARTMENT BUDGET INFORMATION	
HOME ADDRESS _____	<input type="checkbox"/> MAIL CHECK <input type="checkbox"/> PICK-UP CK.		_____	
CITY, STATE, ZIP _____			(e.g. 21-CST-5100-5-BBBB5) DEPARTMENT NAME _____	

Part I

DATE	DESCRIPTION <small>Itemize by all expenses by day; include states, cities and towns visited.</small>	ODOMETER READING		PRIVATE AUTO MILEAGE		MEALS			TOLLS, HOTELS, & OTHER <i>Receipts Required</i>	TOTAL EXPENSES
		Beginning	Ending	Miles	Amount	Breakfast	Lunch	Dinner		
TOTALS										

Part II

DATE	Explain Purpose of Travel (Agency visited/conference attended, etc.):

Voucher # _____
AP. Type _____
Vendor # _____
Invoice # _____
Invoice Date _____
GL # _____ **Amount** _____

Total _____

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

SIGNED _____
TRAVELER