Clear Form ?

University of South Carolina
Travel Reimbursement Voucher

Travel Authorization #

Do the expenditures below conclude all claims against this Travel Authorization? Yes No

Payee

Mailing Address

Traveler's VIPID -OR- SSN

Payee VIPID (if different) -OR- SSN

SECTION I

Date (m/d/yy)	Time leaving home base	From	Time returning home base	To	Transportation: Automobile: Miles	Rate	Amount	Air Fare	Other
SUB-TOTALS					0		0.00	0.00	0.00

?

SECTION II

Meals	Lodging (Itemized receipt must be attached)	For Travel Office Use Only
0.00	0.00	

SECTION III

Registration	Amount

REGISTRATION TOTAL	0.00

SECTION IV

Other expenses: List and attach receipts	Amount
OTHER EXPENSES TOTAL	0.00

SECTION V

GRAND TOTAL 0.00

Dept	Fund	Object	Analytical	Amount
AMOUNT TO BE REIMBURSED				0.00

FORM PREPARER

Name

Phone

I certify that the above expenses are just and true, that they were incurred on official business for the University of South Carolina, and that they have not been (or will not be) reimbursed from any other source.

Traveler's Signature Date

ACCOUNTING DEPARTMENT USE ONLY, DO NOT MARK BELOW LINE

Hand Check Number	Amount