BUENA VISTA UNIVERSITY

TRAVEL EXPENSE VOUCHER

Claimants Copy

Date_____

Claimant_____ Account No._____

Address_____ Department_____

Destination_____

Purpose of trip_____

Authorized by_____ Total No. of Persons covered by this report_____

Cash Advance $_____ Returned $_____ Total Expenditures $_____

DATE	ITEM	TRANS. AND PULLMAN OR MILEAGE	HOTEL	MEALS			MISC	TOTAL
				B	L	D		
	TOTALS							

CERTIFIED CORRECT:	ACCOUNTING DEPT. USE	
Signed - Claimant	Audit Clerk	Business Manager
APPROVED: Dean or Admin. Head		VOUCHER NUMBER