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:

Signed—Claimant

APPROVED:

Dean or Admin. Head

ACCOUNTING DEPT. USE

Audit Clerk

Business Manager

VOUCHER NUMBER

Reorder from Buena Vista Stationery & Printing, Inc., Storm Lake, IA