TRAVEL REIMBURSEMENT VOUCHER INSTRUCTIONS

1. TIN number, employee identification number or social security number (used when payment is being made to an outside vendor or non-employee).

2. Name of individual, organization or vendor to whom check is payable.

3. Name of Traveler.

4. Traveler’s employee id number or Social Security number for non-employee. (REQUIRED)

5. Date the Travel Reimbursement Voucher is typed.

6. Original signature of traveler. If traveler is unavailable, departmental representative may sign and initial TR.

7. If claiming POV miles, check the statement that indicates whether a motor pool vehicle was available or not or make a statement at the bottom of the form if the statements are not made available on your form.

8. Date of departure and date of return.


10. Time of departure and arrival time.

11. AM or PM of departure and arrival time.

12. Destination of Traveler, departure destination of Traveler and miscellaneous information, i.e., advance registration, advance airfare, advance subsistence, taxi, business phone calls.

13. Number of miles traveled by privately owned vehicles.

14. Amount to be reimbursed to Traveler for private vehicle use.

15. Amount to be reimbursed to Traveler for meals. If requesting reimbursement for meals, the arrival and departure times as well as the starting point and destination must be shown on the travel reimbursement voucher.

16. Amount reimbursed to Traveler or paid to vendor for lodging.

17. Amount reimbursed to Traveler or paid to vendor for air transportation.
18. Amount reimbursed to Traveler or paid to vendor for other transportation, i.e., taxi, bus fare, rental car.

19. Miscellaneous travel expenses, i.e., business phone calls, parking, tolls, gas for rental car.

20. Amount reimbursed to Traveler or paid to organization for registration.

21.-27. Item totals of lines 14-20.

28. UDAK information - entity.

29. UDAK information - five digit account number.

30. UDAK information - six digit unit number.

31. UDAK information - five digit project number.

32. UDAK information - four digit reporting number

33. UDAK information - two digit reporting number (only used for Grant UDAKs)

34. Amount to be charged to each UDAK.

35. Specific purpose of trip (supporting documentation must be provided; please spell out all acronyms) i.e., agenda, newsletter, brochure, registration form.

36. Signature of authorized departmental representative. Payee may not sign his own travel reimbursement voucher as authorized representative. (REQUIRED)

37. Home address of individual, organization, or vendor to whom check is payable. If individual, home address must be used. (REQUIRED)

38. Name of person or place to whom check is to be mailed, if other than Payee. (REQUIRED)

39. Address of person or place to whom check is to be mailed, if other than Payee. (REQUIRED)

40. Total of items in column 34; this total should also equal the grand total of items 21 - 27.