## Employee Out-Of-State Travel



Suppli	er Name:												
Suppli	er Numbe	r:	GL Date:										
	nt Reque	st Number: _											
Name _		ncerning this tr									From	То	
From To Mode					•	(departure and arrival times must be shown				Timo			
		To Mode _ To Mode _											
		To						_	_				
Date	Pr Transp	imary portation Plane, Train,				and Lodging		Miscellaneous (Taxi/Limo, Business Phone, Parking, Etc.) Attach					
Month, Day & Year	of Personal	Rental Car, Etc. (Attach Stubs)	Breakfast	Lunch	Dinner	(Attach Original Receipt)	Meals and Lodging Amount	Original Receipts Where Applicable) Itemize Type of Expense Misc.				Misc. Amount	
Total Miles @ IRS STD. Rate	Total Meals And Lodgin							Total Miscellaneous					
I hereby certify that the travel and expenses indicated hereon were accomplished in the performance of official duties pursuant to travel authority granted to me and that I have not and will not be reimbursed for this expense by any other organization. There are not alcoholic beverages included in these expenses. If requesting reimbursement for first class travel, I further certify that only first class accommodations were available. I agree to the rate at which I am being reimbursed.						SUMMARY: Total This Expenses Account Minus Expenditures Not Reimbursed By UAB MINUS PREPAID EXPENSE Total Due The Traveler							
This travel voucher has been completed in compliance with University policies. Signature of Traveler					_								
Date /	/_												