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## TRAVEL / EXPENSE VOUCHER

Email to lbrinkworth@scjumc.org or bbakeman@scjumc.org

PLEASE PRINT ALL INFORMATION

RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED WHERE APPLICABLE

Event/Meeting/Purpose of Voucher: \_\_\_\_\_

Pay check to the order of: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

### Expenses

Airfare \$ \_\_\_\_\_ (Attach copy of itinerary showing fare Charged)

Auto: \$ \_\_\_\_\_ ( \_\_\_\_\_ ) mileage at \$.535 per mile (US Allowable)

Meals: \$ \_\_\_\_\_ (Attach receipts)

Hotel: \$ \_\_\_\_\_ (Attach Receipts)

Incidentals \$ \_\_\_\_\_ Taxis, Tolls, Parking, Tips

Services: \$ \_\_\_\_\_ Postage, Printing, Telephone, Faxes

Other Items \$ \_\_\_\_\_ Please list: \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

Less Advances: \$ \_\_\_\_\_

Total Due You \$ \_\_\_\_\_

Signature of person making this request: \_\_\_\_\_

Person approving this request: \_\_\_\_\_

SCJ Authorized Signature: \_\_\_\_\_

Account Number \_\_\_\_\_ Check Number \_\_\_\_\_

\* PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS WITHIN 2 WEEKS OF THE EVENT \*