University of Missouri
Employee Travel Reimbursement
Trip Expense Detail

Reimbursment to be entered as a non-PO voucher.

Name:	EMPLID	Purpose of Trip:
Campus Address:	Date Submitted	Payment Description

DATE / TIME	DESTINATION FROM	DESTINATION TO	MEAL PER DIEM	LODGING	OTHER EXPENSES EXPLANATION	OTHER EXPENSES AMOUNT	TOTAL FOR THE DAY

Trip Related Expenses Previously Paid or Direct Billed

Description of Charge	Amount

Comments

Used Official Car No.	Department(s) Charged (Optional)

Used Personal Vehicle
miles at 0.430 cents per mile = Mileage Allowance

Total Amount Paid

I certify (Initial each line and sign below)

____ These expenses were necessary for University business.

____ I personally paid these expenses and have not been nor will I be reimbursed by any other person/entity.

____ To the best of my knowledge, these expenses are correct and are eligible for reimbursement under University policy.

Payee Signature _____

Title _____

APPROVED FOR PAYMENT

Authorized Signer(s) for ChartField String(s)

Name:	Date
Signature	

Grant Funding PI-Authorization

Name:	Date
Signature:	

Approved (Acctg)	PS Non-PO Voucher Number (Required)

AMOUNT	MOCODE	PS ACCOUNT	FUND	DEPTID	PROGRAM	CLASS	PROJECT/GRANT	BUSINESS UNIT
								_____
								_____
								_____

UM 11 (JUL 11) 4/27/11

☐ ACCOUNTING ☐ DEPARTMENT