## TRAVEL EXPENSE VOUCHER

Name: [insert here] Area/Program: [insert here] City, State, Country: [insert here]					USNH ID: [insert here] Home Address: [insert here if not on ACH] Purpose of Trip: [insert here]							
						Meals						
Date	Explanation*	Miles	Mileage Rate (51¢ as of 1/1/11)		rans- rtation	В	L	D	Lodging**	Misc.**	Total	
*List points of trav	<u> </u> vel				ļ	Total E	xpenses l	Reported				
1.5	ry receipts and describe expenses in miscellaneous column								,			
I certify that the above expenses were incurred by me in full my duties to the University System of New Hampshire, and amounts shown conform to the travel regulations in the University System policy.					nat th	e	Use this space if an advance was received  Amount of Advance> (date received)					
Traveler	Signature							Balance D	ue Cashier	•		
	Department Head						Signature	of payee				
	Dean or Director											
Instructions												
	Must have a USNH ID plus home addres     Traveler must certify expenses	SS							ent Head/[ OAPAL lin		rector	
Due Payee	Fund - Org - Act -	Prog									Amount	
1		020							>			
2		020							>			
3		020							>			

Rev. 8/22/2017 KSC Accounts Payable