

AUGUSTANA COLLEGE

639 38th St.

Rock Island, IL 61201

Travel Expense Voucher

Business Office Use Only:

Date Paid: _____

E-Check no. _____

Please print or type

Name and ID# _____

Date _____

Address _____

City, State, Zip _____

Meeting or Purpose of _____

Date	Details of Expense	Transportation			Lodging	Meals	Other Expenses
		Mileage	Amount	Other			
Totals							

I hereby certify that the above is a true statement of expense incurred:

Signature _____

Approved By _____

Account Number _____

Attach original receipts and bills in support of ALL expenses (excluding auto mileage). Mileage reimbursement rate is \$.38 / per mile.

Grand Total _____