

Employee

U of C Student

Guest/Visitor



THE UNIVERSITY OF CHICAGO

COMPTROLLER FORM NO. 97 (REV 9/99)

TRAVEL EXPENSE VOUCHER

CONTROL NUMBER **T**

VOUCHER NO.

V

ISSUE CHECK TO:

EMPLOYEE NUMBER / VENDOR NUMBER		
NAME (30 CHARACTERS)		
STREET ADDRESS LINE 1 (30 CHARACTERS)		
STREET ADDRESS LINE 2 OR STREET ADDRESS / MAIL BOX NUMBER (30 CHARACTERS)		
CITY	STATE	ZIP OR FOREIGN COUNTRY

ENTER BELOW THE INFORMATION TO APPEAR ON CHECK STUB

CHECK DESCRIPTION (29 CHARACTERS)

PICK UP AT BURSAR

ENCLOSURE ATTACHED

PHONE

DEPARTURE DATE _____ RETURN DATE _____ DESTINATION: _____

PURPOSE: _____

I CERTIFY THAT THE AMOUNTS GIVEN HEREIN REPRESENT ACTUAL BUSINESS RELATED TRAVEL EXPENSES AND ARE IN ACCORDANCE WITH THE CURRENT UNIVERSITY OF CHICAGO TRAVEL POLICY AND PROCEDURES. IF A COPY OF A RECEIPT HAS BEEN PROVIDED INSTEAD OF AN ORIGINAL, I FURTHER CERTIFY THAT I HAVE NOT AND WILL NOT BE REIMBURSED FOR THESE EXPENSES FROM ANY OTHER SOURCE.

Detail of expenditures:

SIGNATURE OF TRAVELER

Private car mileage:	@ \$0.54 /mile \$ _____	Rental car:	\$ _____
Transportation:	\$ _____	Parking, tolls, etc.:	\$ _____
Taxi fares, limos:	\$ _____	Baggage handling, storage:	\$ _____
Hotel / Motel:	\$ _____	Meals:	\$ _____
Business telephone:	\$ _____		
Other:	\$ _____		
EXPLANATION OF OTHER: _____			

Total expenditures:	\$-
Less: Travel advance encumbrance no. T _____	\$ (_____)
Balance owed to Traveler:	\$ _____
Excess of Advance to be deposited with Bursar: (use Form 133 and deposit to a/c 0-17817-1620 . . . attach copy of receipt)	\$ _____

DEPARTMENT CODE #	ACCOUNT NUMBER	AMOUNT OF CHARGE

AUTHORIZED BY: NAME	DATE	SIG. AUTH. NO.	PHONE #	FAX #	AUTHORIZED BY: SIGNATURE