AUGUSTANA COLLEGE

639 38th St.
Rock Island, IL 61201

Travel Expense Voucher

Date _____

Business Office Use Only:
Date Paid: _____
E-Check no. _____

Please print or type
Name and ID# _____ 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 $0.45 / per mile.

Grand Total _____