

# MASSACHUSETTS COLLEGE OF ART AND DESIGN

# TRAVEL EXPENSE VOUCHER

NAME OF EMPLOYEE \_\_\_\_\_

MASSART ID # \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  MAIL CHECK  
 PICK-UP CK.

CITY, STATE, ZIP \_\_\_\_\_

I hereby certify that this travel was necessary and authorized.

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT BUDGET INFORMATION  
 \_\_\_\_\_  
 (e.g. 21-CST-5100-5-BBBB5)

DEPARTMENT NAME \_\_\_\_\_

**Part I**

DATE	DESCRIPTION <small>Itemize by all expenses by day; include states, cities and towns visited.</small>	ODOMETER READING		PRIVATE AUTO MILEAGE		MEALS			TOLLS, HOTELS, & OTHER <i>Receipts Required</i>	TOTAL <b>EXPENSES</b>
		Beginning	Ending	Miles	Amount	Breakfast	Lunch	Dinner		
<b>TOTALS</b>										

**Part II**

DATE \_\_\_\_\_ Explain Purpose of Travel (Agency visited/conference attended, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Voucher # \_\_\_\_\_

AP. Type \_\_\_\_\_

Vendor # \_\_\_\_\_

Invoice # \_\_\_\_\_

Invoice Date \_\_\_\_\_

GL # \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total** \_\_\_\_\_

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

SIGNED \_\_\_\_\_ TRAVELER \_\_\_\_\_