

# Non-Employee Travel Expense Voucher

Original, itemized receipts must be attached.  
(Receipts for ticketless travel may be requested at the airline gate.)

**Make Check Payable to:** \_\_\_\_\_

**Traveler's Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**U.S. Citizen:**    YES            NO            (circle one)

**Visa Type:** \_\_\_\_\_

**Dates Traveled:** \_\_\_\_\_

**City of Residence:** \_\_\_\_\_

**Business Purpose of Travel:** \_\_\_\_\_

Item Number	Vendor	Date	Travel					Food*			Other**
			Airfare	Hotel	Car Rental	Taxi/Train	Gas/Parking	Breakfast	Lunch	Dinner	
<b>TOTAL:</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\* Reimbursement on this TEV will cover meals for this traveler only.

Mileage Rate - \$0.505 - contact CAIDA for details

\* Meal allowance (including tax and tip): \$64 per day

(Effective 01/01/08)

\*\* Provide explanation below for each item in this category.

Other (Please explain): \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

Cost Center to be charged: \_\_\_\_\_

Signature: \_\_\_\_\_