Community College of Aurora
Travel Expense Voucher/Requisition

DATE

PAYEE NAME (LAST, FIRST)

S#

ADDRESS

DEPARTMENT NAME

ADDRESS

ORG TO BE CHARGED

CITY STATE ZIP + FOUR

Date	TRAVEL FROM/TO DESCRIPTION	Time Depart	Time Return	MILEAGE # Miles	Rate per Mile	Total	Break-fast	Lunch	Dinner	Lodging	Total	Misc. & Fares	Total Reimb. Items
Totals						$	$	$	$	$	$	$	$

DETAIL OF MISC. & FARES

DATE	DESCRIPTION	AMOUNT

Total

AMOUNT OF ADVANCE (_____) $

BALANCE DUE -CCA $

DUE-PAYEE $

"I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that my schedule of travel performed consists entirely of travel performed by me on official state business and not for personal purposes; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis."

Signature of Payee Date

Cost Center Administrator/Vice President Date