



**DISTRICT ACCOUNTS PAYABLE OFFICE
TRIP VOUCHER**

Required:

FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT	BANNER ID:
TOTAL					BANNER INV:
					For Accounting Use Only

DATE: _____

EMPLOYEE NAME: _____ CAMPUS & DEPT: _____

DESTINATION: _____

DEPARTURE TIME: _____ RETURN TIME: _____

PURPOSE OF TRIP: _____

TRIP DATES: _____

Unless specifically authorized by the Chancellor or College President's, meal amounts exceeding the per-diem limit will not be reimbursed. Moreover, if a conference registration includes meals as part of the fee, then per-diem for that meal may not be additionally claimed.

Travel Policy: [http://business.fhda.edu/accounting/stories/storyReader\\$28](http://business.fhda.edu/accounting/stories/storyReader$28)

DATE:											TOTALS
BREAKFAST											
LUNCH											
DINNER											
LODGING											
TRANSPORTATION											
AUTO RENTAL											
MILEAGE											
CONFERENCE FEES											
OTHER (EXPLAIN)											
TOTALS:											

I hereby certify by signing this form the mileage requested here on was necessary for college activities.

I acknowledge that claims from a prior fiscal year will not be accepted for payment.

I have met all the terms and conditions per the board travel policy.

TOTAL EXPENSE _____

CASH ADVANCE _____

DUE DISTRICT _____

REQUESTED BY: _____

First & Last Name (PLEASE PRINT) EXT EMPLOYEE SIGNATURE (Required)

APPROVED BY: _____

First & Last Name (PLEASE PRINT) EXT SIGNATURE (Required)

Please refer to url: <http://purchasing.fhda.edu/policies> for Delegations of Purchasing and Contracting Authority Approvals