MICHIGAN STATE UNIVERSITY

TRAVEL VOUCHER

Please Direct Deposit (MSU employees only)

THIS FORM DOES NOT AUTHORIZE TRAVEL

SECTION A: TRAVEL REIMBURSEMENT

Name: _____ (Last) (First) (ZPID or MSU NetID#)

Department: _____ Visa Type

Dept Addr: _____

Check One: US Citizen X Resident Alien _____ NonResident Alien _____

Check One: Faculty/Staff _____ Graduate _____ Undergraduate _____ Other X

Departure Date	Return Date	Destination(s) (City, State and Country required)
		Athens, Georgia - USA

Reimbursement Limited to: $ _____

Conference Fees Amount: $ _____ Conference Fee Paid by ProCard: Yes _____

Estimated Trip Costs: $ _____

Travel Reimbursed by: MSU Funds X Non-MSU Funds _____

Purpose of Travel (Check all that apply and fill out description):

Conference/Meeting X Ext Rel/Devl _____ Int'l Programs _____ Research X

Recruitment _____ Team _____ Teaching/Outreach _____ Other _____

Description:

SECTION B: ACCOUNT(s) TO BE CHARGED

UNIT CODE	DEPT NAME	ACCT #	OBJ CODE	AMOUNT
2344	Fisheries and Wildlife			
			Total:	

020-InState 022-OutofState 025 -NonMSU 026-International 028-ConferenceFees

*****ADVANCE NUMBER*****

SECTION C: TRANSPORTATION REIMBURSEMENT

DATES	STARTING	DESTINATION	MILEAGE	RATE	AMOUNT
			Round Trip		
				Transportation Sub-total	$ -

SECTION D: AIRFARE/RAIL DIRECT BILL INFORMATION - DO NOT INCLUDE IN TOTAL CLAIM

INVOICE #	STARTING	DESTINATION	OBJ CODE	ACCT #	AMOUNT
				Direct Billing from page 2:	-
				Airfare/Rail Direct Bill Total	$ -

SECTION E: SUBSISTENCE AND MISC.

Br - Breakfast Lu - Lunch Di - Dinner Lo - Lodging M - Misc (Item name required)

DATE	DESCRIPTION	AMOUNT
	Subsistence Sub-total Page 1	$ -
	Subsistence Sub-total Page 2	-
	Transportation Sub-total Page 1	-
	Transportation Sub-total Page 2	-
	Total Claim	**$ -**
	Limit	

SECTION F: NOTES (Car rental justification, more than two in room, etc.)

SECTION G: REIMBURSEMENT SIGNATURES (Administrators: Please do not sign in black ink. Must be original signature.)

*Traveler's Signature (faxed signatures acceptable) Date

Unit Administrator or Unit Administrator Designate Date

*** I certify that the expenses claimed herein were necessary and reasonable in carrying out my University responsibilities and are reimbursable under University Policy and are directly related and appropriate to the account(s) charged.**

Contracts and Grants

Accounting

Travel Office

Voucher Prepared by: Sue Faivor Date:

Preparer's Address/Email: faivors@msu.edu Phone: 2-5025

Check Number Date

MSU is an affirmative-action, equal-opportunity employer.

Please submit 1 original travel voucher with original signatures and 1 marked "COPY" in the lower right corner. Send to VP, 360 Administration Bldg with original receipts.

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