

OHIO NORTHERN UNIVERSITY TRAVEL VOUCHER

Employee ID No. _____ *(must be completed)* Date _____

**(if mailed,
fill in address)**

Name _____ Department _____ Account No. _____ - _____ - _____ - _____

Address _____ Signature _____

City _____ State _____ Zip _____ Approved by Chairperson _____

Purpose of Travel _____

Date Mo./Day/Yr.	From (city)	To (city)	Mileage @ _____ per mile	Transportation	Meals	Lodging	Miscellaneous	TOTAL

NOTE: ALL ORIGINAL RECEIPTS MUST BE ENCLOSED WITH THIS VOUCHER.

(CREDIT CARD AUTHORIZATION IS NOT A RECEIPT)

TOTAL OF VOUCHER \$ _____

LESS ADVANCES \$ _____

NEW AMOUNT \$ _____