							Reimbursi PO vouch	Reimbursment to be entered as a non- PO voucher.		
	Trip Ex	oense								
Name:			EMPLID			Purpose of Trip:				
Campus Address:										
408 SSB			Date Submitted			Payment Description				
DATE					EAL	LODGING			TOTAL FOR	
TIME	FROM	тс	)	PER	DIEM		EXPLANATI	ON AMOUNT	THE DAY	
	-									
	-									
	-									
	-									
	-									
	1			- 10-						
Trip Related Expenses Previously Paid or Direct Billed Comments   Description of Charge Amount										
			7 uno uno	_						
Used Official Car No. De	epartment(s) Charged (C	Optional)								
Used Personal Vehicle								_		
	miles at 0.525 cents per mile = Mileage Allowance				Total Amount Paid					
	I certify (Initial each line and sign below)				APPROVED FOR PAYMENT					
These expenses were	necessary for University	business.		Nome	Authorized Signer(s) for ChartField String(s)					
I personally paid these	I personally paid these expenses and have not been nor will I be				Name: Date					
reimbursed by any other person/entity.					Signature					
To the best of my knowledge, these expenses are correct and are eligible for reimbursement under University policy.					Grant Funding PI-Authorization					
				Name:						
Payee Signature					Signature:					
Title Approved PS Non-PO Voucher										
Title				Approv (Acctg		PS Non-PO Number (R				
AMOUNT MOCODE	PS ACCOUNT	FUND	DEPT					OJECT/GRANT	BUSINESS UNIT	
UM 11 (JUL 11) 4/27/11						A	CCOUNTING	DEPAR	TMENT	

## University of Missouri Travel Expense Voucher Additional Comments

Name	Date	
Comments:		