EMPORIA STATE UNIVERSITY
Travel Expense Request/Authorization

Requesting Division
Traveler's Name
Title
Departure and Destination Points
Leave: Hour Date:
Return: Hour Date:
Reason for Trip:

other state employees/students on trip:

Mode of Transportation
Airfare/Rail or Enterprise billed to ESU?

Airplane 1 Yes 2 No

Travel Vendor (State Travel, Orbitz, Travelocity, Yahoo, Enterprise, etc.)

Amount of Fare
Registration Prepaid by Division?

1 Yes 2 No

Estimated Lodging Expenses
Estimated Miscellaneous Expenses
Estimated Total Cost of Trip

Total Allowed
Includes air/rail fare and registration.

Account Number(s) to Charge

Approved by:

Administrative Head

Approved by:

Administrative Head or Other Required Signature(s)

Approved by:

Administrative Head or Other Required Signature(s)

Approved by:

Grants Office (if applicable)

Approved by:

Ray Hauke, Vice President

Reservation No.
Resume: Division: Dean or VP: Grants Office if necessary - Controller's Office (Chen) - Woodward. A reply is returned to the division via e-mail when all signatures are completed.

Traveler's Signature/Invoices indicating Acknowledgement

All reimbursements for travel expenses incurred will be made as prescribed by applicable state law.

Division is responsible for traveler's acknowledgement of allowable reimbursement.
# Travel Detail Voucher

**Vendor Information**
- **No/Site:**
- **Name:**
- **Street:**
- **City:**
- **State:**
- **Zip:**

**Effective Date:**

**Official Station:**

**Travel Period:**

**Job Title:**

**Regular Domicile:**

**Travel Order No.:**

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Sub-Obj</th>
<th>Amount</th>
<th>Agency Use</th>
<th>Sr.</th>
<th>Sub-Obj</th>
<th>Amount</th>
<th>Agency Use</th>
<th>Sr.</th>
<th>Sub-Obj</th>
<th>Amount</th>
<th>Agency Use</th>
<th>Sr.</th>
<th>Sub-Obj</th>
<th>Amount</th>
<th>Agency Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td>08</td>
<td></td>
<td></td>
<td></td>
<td>06</td>
<td></td>
<td></td>
<td></td>
<td>07</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
<td></td>
<td>09</td>
<td></td>
<td></td>
<td></td>
<td>04</td>
<td></td>
<td></td>
<td></td>
<td>08</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date**

<table>
<thead>
<tr>
<th>Departure Time</th>
<th>Arrival Time</th>
<th>Private Vehicle Miles</th>
<th>Destination</th>
<th>Meals</th>
<th>Lodging</th>
<th>Other Expenses</th>
</tr>
</thead>
</table>

**Descripion or Expense or Purpose of Travel**

<table>
<thead>
<tr>
<th>State Vehicle No.</th>
<th>Total Miles</th>
<th>ESU Account No. &amp; Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Index #</th>
<th>$</th>
</tr>
</thead>
</table>

**TOTAUS**

<table>
<thead>
<tr>
<th>ESU Account No. &amp; Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Document Total**

**Claimant Certification**
- I certify that the whole claim is correct, due and unpaid, and that the amount claimed herein is actually due according to law.

**Division Approvals**

**Agency Payment Certification**
- I certify that this claim was prepared for the State under authority of law, and that the amount herein is unpaid and correct according to such contract.

**Signature**

**Date**

Signatures are NOT applied electronically. Print out form, obtain signatures, and forward the original plus THREE copies to Accounts Payable with approvable documentation.