

Louisiana Delta Community College

Grant/Contract/Project Name (If Applicable)

Travel Expense Reimbursement Voucher

Rev 03/31/14

Date: _____
 Payee: _____
 Address: _____
 Department: _____

Confirm Departure Time: _____
 Confirm Return Time: _____

The approved travel authorization form and any other applicable travel forms or documents are attached. This includes, but not limited to, the personal mileage reimbursement log, meeting/conference agendas and original signed receipts. I understand the reimbursement request cannot be processed if any required items are missing. I certify the expenses are true, accurate and were incurred for LDCC college business.

Traveler Signature: _____

DATE (fill in day # only)	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTALS
BREAKFAST								
LUNCH								
DINNER								
TOTAL MEALS								

Attach original signed receipts for expense listed below to back of form.

LODGING (Taxes Included)							
TOLLS AND PARKING							
TIPS							
AIRFARE							
TAXI							
CAR RENTAL							
REGISTRATION FEES							
MISCELLANEOUS*							
TOTAL							

Personal vehicle usage: _____ miles @ \$0.51 (Maximum 99 miles per round trip)

Beginning Odometer Reading: _____ Ending Odometer Reading: _____

REIMBURSEMENT TOTAL _____

*Explain Misc. Expenses: _____

Approved: _____
 Supervisor

Date: _____

Audited By: _____
 Martha Aucoin - Accounting Technician (or designee)

Date: _____

Payment Approval: _____
 Wendell Coplin - Comptroller (or designee)

Date: _____

FUND	ORGN	ACCT	PROG	ACTIVITY	AMOUNT