DUKE UNIVERSITY TRAVEL EXPENSE VOUCHER

A) GENERAL INFORMATION

NAME OF PAYEE: ____________________________________________________________

DATE OF TRIP: FROM ___/___/___ TO ___/___/___

MAIL CHECK TO: ____________________________________________________________

☐ PICK UP AT BURSAR'S OFFICE
☐ PICK UP AT BROAD STREET

PURPOSE OF TRIP: __________________________________________________________

B) ATTACH ORIGINAL RECEIPTS.

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>REGISTRATION $</td>
</tr>
<tr>
<td>RENTAL VEHICLE $</td>
</tr>
<tr>
<td>DATE</td>
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<tr>
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MISCELLANEOUS EXPENSES

DESCRIPTION | AMOUNT
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Foreign Travel Per Diem in lieu of documentation: _______ days @ $ _______ per day.

F) I certify that I have expended the amounts shown above for travel as indicated. The items were taken from records kept by me and, to the best of my knowledge, are correct. If chargeable to a grant or contract funded by an agency other than Duke University, I certify that the claimed travel expenses were by the most economical method and comply with the conditions of the grant or contract.

PAYEE SIGNATURE

DEPARTMENT

DATE

APPROVED BY

Department Head or Principal Investigator (other than payee)

PRINT NAME

DATE

SIGNATURE

TITLE

PREPARED BY

TELEPHONE #

REVIEWED BY

ACCOUNTING SERVICES

DATE

C) TOTAL EXPENSES $

Less excess departmental allocation or amount reimbursed by non-Duke sources. (Do not include Travel Advance)

REIMBURSABLE EXPENSES $

D) DISTRIBUTION OF CHARGES

<table>
<thead>
<tr>
<th>FUND</th>
<th>OBJECT</th>
<th>COMPONENT</th>
<th>AMOUNT</th>
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E) N.C. SALES TAX PAID

(Less Travel Advance) if applicable, 1412

REQUESTOR'S NAME

REQUESTOR'S SSN

AMOUNT DUE DUKE $

AMOUNT DUE PAYEE $