LINDSEY WILSON COLLEGE TRAVEL VOUCHER/EXPENSE REPORT

Name:	Name: First MI Last					ID#: SS# or L#				***PLEASE SUBMIT ALL ITEMIZED RECEIPTS WITH THIS FORM	
	ravel/Expense:	IVII	Lasi			55# Uf L#					
Dept.:						Dates:					
							From	То			
	1			CITIES TRAVELED				LWC VEHICLE			
DATE	DESCRIPTION	BREAKFAST	LUNCH	DINNER	LODGING	MISC	FROM	TO	FUEL (\$)	MILES (#)	\$0.40/MILE
TOTALS		>									
*TOTAL EXPENSES CLAIMED						DIRECT DEPOSIT	T OPTIONS (please	check one)			
*LESS AMOUNT ADVANCED						Completed direct deposit form on file					
*EXPENSES IN EXCESS OF ADVANCES (AMOUNT TO BE REIMBURSED)											
*ADVANCES IN EXCESS OF EXPENSES (ATTACH LWC DEPOSIT RECEIPT)						First direct deposit reimbursement (please attach completed Direct Deposit Form)					
						Direct deposit	information has change	d (please attach new Dired	t Deposit Form)		
		MILEAGE - Fund#			Org#		Acct#	# 68250 Amount			
Employee Signature		Date	_			-					
					-						
Department Head Signature		Date	ALL OT	HER - Fund#		Org#_		Acct#		Amount	