The electronic Travel Voucher is used by faculty and staff to claim reimbursement from University funds of expenses incurred as a result of authorized business related travel.
## Purpose and Scope

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### Definitions

None

For more information contact us

Controller's Office

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References

Travel Regulations

F3: Travel Voucher, Fiscal Agent Handbook

F9: Employee Group Travel, Fiscal Agent Handbook

For more information contact us
Controller's Office
Authority and Responsibility

The traveler completes the electronic Travel Voucher, prints the voucher, attaches supporting receipts and exceptions, obtains the approval signatures and submits the approved printed voucher for processing.

The fiscal agent or alternate insures that the expenditures have met budgetary requirements and appear to be reasonable and proper.

The Director of Financial Affairs/Controller authorizes acceptable exceptions.

The Director of Financial Affairs/Controller will advise the Procedure and Systems Analyst of all changes to this procedure.

For more information contact us Controller's Office
The electronic Travel Voucher is available in the Downloadable Form section of the Controller's Office Resources web site at www.neiu.edu/~finanaff.

For more information contact us
Controller's Office
Headquarters Designation

The campus at 5500 N. St. Louis Avenue, Chicago, Illinois, 60625 is designated as the official headquarters for all employees of Northeastern except as noted below.

The official headquarters for those employees assigned to the Center for Inner City Studies (CICS) is 700 East Oakwood Boulevard, Chicago, Illinois 60653.

The official headquarters for those employees assigned to El Centro is 3119 North Pulaski Road, Chicago, Illinois 60647.

The official headquarters for those employees assigned to the Chicago Teachers’ Center is 770 N. Halsted, Chicago, Illinois 60622.

For more information contact us
Controller’s Office
Submission Deadline

The traveler forwards the printed *Travel Voucher* with documentation attached to the travel desk located in the Controller’s Office, E-220 within thirty days after completion of travel.

*For more information contact us*

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**Form Instructions**

Complete the form on-line.  *(Do not complete shaded areas of this form.)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Document Date: Enter the preparation date of the document.</td>
</tr>
<tr>
<td>2</td>
<td>Type Code: Already hard printed.</td>
</tr>
<tr>
<td>3</td>
<td>Social Security Number: Enter the traveler’s social security number.</td>
</tr>
<tr>
<td>4</td>
<td>Traveler’s Name and Home Address (Payee): Enter the traveler’s name and address of residence.</td>
</tr>
<tr>
<td>5</td>
<td>Travel Authorization Request No: If available enter the five-digit number of the <em>Travel Authorization Request and Encumbrance</em> form for this trip.</td>
</tr>
<tr>
<td>6</td>
<td>Account to be Charged: Enter the six-digit account number to be charged.</td>
</tr>
<tr>
<td>7</td>
<td>Department Name: Enter the name of the department in which the traveler works.</td>
</tr>
<tr>
<td>8</td>
<td>Extension No: Enter the extension number where the traveler may be reached.</td>
</tr>
<tr>
<td>9</td>
<td>Date: Enter the date that the expenses where incurred.</td>
</tr>
<tr>
<td>10</td>
<td>Departed From Place/Time: Enter the place of departure and the departure time.</td>
</tr>
<tr>
<td>11</td>
<td>Arrived at Place/Time: Enter the destination and the arrival time.</td>
</tr>
<tr>
<td>12</td>
<td>Auto Mileage: Enter the number of miles driven.</td>
</tr>
<tr>
<td>13</td>
<td>Auto Reimb: The amount based on the miles entered at number “12” and the current rate of reimbursement per mile will automatically be calculated and displayed in this column.</td>
</tr>
<tr>
<td>14</td>
<td>Trans: Enter all other reimbursable transportation expenses.</td>
</tr>
<tr>
<td>15</td>
<td>Lodging: Enter reimbursable lodging expenses.</td>
</tr>
<tr>
<td>16</td>
<td>Meals/per Diem: Enter meal expenses incurred or per diem allowance as defined in the current <em>Travel Regulations</em>.</td>
</tr>
</tbody>
</table>
17 Other Expenses Item/Amount: Enter a description of all other allowable expenses and their cost including itemized parking, tolls, taxi and business phone calls.

18 Line Totals: The total of all expenses listed on the line will automatically be totaled and entered.

21-27 All Sub Totals will automatically be calculated and entered.

28 Total Amount: The total reimbursement will automatically be calculated and entered.

After completing the form on-line, you should:

a. save it to your hard drive,
   b. print a copy,
   c. obtain the fiscal agent’s signature,
   d. attach the required receipts and written explanations, and
   e. forward it to the travel desk in the Controller’s Office, E-220 for processing.

For more information contact us
Controller’s Office
The traveler must sign and date the form.

NOTE: The traveler’s signature certifies that he/she is an insured driver holding a valid driver’s license.

The fiscal agent must sign and date the form.

Should the fiscal agent be the traveler; then the signature of the unit head and the date is required.

In those instances where the unit head is the traveler, the respective division head signature and date is required.

In those instances where the traveler is a Vice President, the Executive Officer signature and date is required.

Authorizing signatures of fiscal agents or alternates must be on file with the Controller's Office.

Travel Vouchers reflecting unauthorized signatures will be returned to the traveler.

For more information contact us
Controller's Office
Original receipts for expenditures other than per diem must be attached to the *Travel Voucher*.

Procedural exceptions must be authorized by the Director of Financial Affairs/Controller.

*For more information contact us*

Controller's Office
### Form Facsimile

#### Travel Voucher

**Travel Voucher**

**Northeastern Illinois University**

5510 N. Saint Louis Avenue
Chicago, IL 60625

---

**Document Date:**

- **Type Code:** 02
- **Social Security Number**

**Source of Funds (G or H):**

- **State & Local:**

**Action:**

- **Budget:**
- **Check:**
- **Other:**

**Encumbrance Amount:**

- **Received From:**
- **Amount:**
- **Date:**
- **Place:**
- **Time:**

**Arrived at:**

- **Auto Mileage:**
- **Auto Mileage:**
- **Train:**
- **Lodging:**

**Meals & Mileage:**

- **Other Expenses:**
- **Item:**
- **Amount:**

**Purpose of Travel:**

- **Sub Totals:**
- **Total:**

**Travel Reimbursement:**

- **Social Security Number:**

**Travel Control:**

- **Date:**
- **Amount:**
- **Check No.:**

**Payment of interest may be available if the State fails to comply with the Illinois Prompt Payment Act (30 ILCS 5/4):**

This certifies that the travel shown above was required by the official duties of the traveler, or my personal knowledge, or in accordance with local custom. If applicable, the reporting requirements of section 1.1 of "An Act to Create the Bureau of Budget" have been met.

---

**Signatures Required:**

- **Traveler's Signature:**
- **Date:**

**Override Authority:**

- **Date:**

---

**Questions:**

- **Form Acquisition:**
- **Form Instructions:**

---

**Reference:**

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**Authority and Responsibility**

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**Purpose and Scope**

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Direct any questions to the travel desk at extension 5128.