# Travel Expense Voucher

Woods Hole
Oceanographic Institution
Woods Hole, MA 02543

| Name Of Requestor | | | Special Handling Instructions | | | |
|---|---|---|---|---|---|---|
| **Address/Mail Stop** | | | | | | |
| Employee # | Phone # | Department # | Trip Start Date | Time AM / PM | Trip End Date | Time AM / PM |

## PURPOSE OF TRIP (PLEASE BE SPECIFIC)

## ITINERARY

| TRANSPORTATION, HOTELS, MEALS & OTHER EXPENSES | Amount To Be Reimbursed |
|---|---|
| **AIRFARE(S)** (Original Passenger Receipts Required) | $ |
| **ADD AIRLINE CHANGE FEE** (Provide Explanation) | $ |
| **PRIVATE AUTO** _____ Miles @ 0.70 cents per mile | $ |
| **BUS/CAR RENTAL/TRAIN** (Original Receipts Required) | $ |
| **HOTEL** Attach Original Itemized Bill(s) Room and Tax Only ___ Nights @ $_____  ___ Nights @ $_____  ___ Nights @ $_____ | $ |
| **FOREIGN MEALS** (No Receipts Are Necessary) (Please Attach Worksheet) | $ |
| **DOMESTIC MEALS**, at current WHOI per diem rates  Number of: ____Breakfast ____Lunch ____Dinner | $ |
| **OTHER EXPENSES** (Receipts Are Required for Items $25 and over.) (Please Itemize: Tolls, Parking, Registration, Etc.) | $ |

For Preparer's use only
VISA ADVANCE $_____
(Not to be included in expense calculation)

| | |
|---|---|
| **TOTAL COST FOR TRIP** | $ |
| **LESS ADVANCE** (Check issued By WHOI only) | $ |
| **AMOUNT TO BE PAID** (Be Sure To Attach All Necessary Documentation) | $ |

## CHARGE TO THE FOLLOWING ACOUNT(S)

| 5 Digit Cost Center or 8 Digit Project Number | Expense Code Domestic - 5170 Foreign - 5180 | Total Dollars |
|---|---|---|
| _ _ _ _ _ _ _ _ | - _ _ _ _ | $_____ |
| _ _ _ _ _ _ _ _ | - _ _ _ _ | $_____ |
| _ _ _ _ _ _ _ _ | - _ _ _ _ | $_____ |

☐ Check Box If The Project Number Differs from The Original Authorization

## PAYMENT OPTIONS

Pay to Individual $_____  Pay to VISA $_____

Payment from Petty Cash $_____
Received By                          Date

## SIGNATURES

| Requestor's Signature | Date |
|---|---|
| Authorizing Signature | Date |

## PROCUREMENT USE ONLY

| Date Received | Audited By | Reference 1 |
|---|---|---|
| Entered By | Date | Reference 2 |