Travel Voucher

NORTHEASTERN ILLINOIS UNIVERSITY
5500 N. SAINT LOUIS AVENUE
CHICAGO, IL 60625

1 Document Date	2 Type Code	3 Social Security Number (Last Four Digits)	5 Travel Authorization Request No.
	02	**XXX -XX-**	**T** _____
Source of Funds G or I ☐		4 Traveler's Name and Home Address (Payee)	**A** _____
Action: State / Local			6 FOAP to be Charged
Budget ◯ ◯			**Fund** _____
Check			**Org** _____ 7212 __ __
			Prog _____
			Activity _____
Override ◯ ◯			7 Fund/Organization
ENCUMBRANCE AMOUNT ➡ $			8 Extension No.

9	10 Departed from		11 Arrived at		12	13	14	15	16	17 Other Expenses		18
Date	**Place**	**Time**	**Place**	**Time**	**Auto Mileage**	**Auto Reimb. $0.485**	**Trans**	**Lodging**	**Meals/ per Diem**	**Item**	**Amount**	**Line Totals**
					21 0.0	22 0.00	23 0.00	25 0.00	26 0.00	**SUB TOTALS** ↔	27 $0.00	$0.00

19 Purpose of Travel

28 **TOTAL AMOUNT** ➡ $0.00

T raveler reimbursement I.D. Number _____

Travel Control	Date Paid	Amount	Check No.

Payment of interest may be available if the State fails to comply with the Illinois Prompt Payment Act (30 ILCS 540)

This certifies that the travel shown above was required by the official duties of the traveler named to my personal knowledge, or as indicated by records submitted to me. If applicable, the reporting requirements of section 5.1 of "An Act to Create the Bureau of the Budget" have been met.

I certify that, in accordance with Section 12 of "an Act in Relation to State Finance", the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays requiring my stay at hotels for the time specified; that I performed the journey with all practical dispatch, by the shortest route usually traveled, in the customary reasonable manner, and that I have not been furnished with transportation or money in lieu thereof for any part.

Further, I certify that in accordance with Illinois Revised Statutes, 5/7-203, I have met the minimum auto insurance liability requirements in amounts not less than is currently mandated by the state (currently $20,000 per person, $40,000 per accident for personal injury and not less than $15,000 property damage per accident). I also certify that I hold a valid drivers license.

Financial Manager **Date**

Approval Level I **Date**

Traveler's Signature **Date**

Override Authority **Date**

1074H 8/07