TRAVEL VOUCHER / FORM - Local Funds

1. P.O.Business Unit TR784	2. Agency number 00784	3. Agency Name University of Houston-Downtown	One Main Street N. Houston, TX 77002	4. P.O.Number
	5. Travel From (Date)	6. Travel To (Date)	7. DOC agency 00784	8. FY 2029
				9. Document amount 0.00
10. Pay to: (Traveler Name/Current Mailing Address)			11. Title	
			12. Designated headquarters University of Houston-Downtown	
13. PeopleSoft Vendor ID Number	14. I am an "appointed officer" and certify that all documentation required to be filed with the Texas Ethics Commission has been filed. Sign Here ▶			

15. PeopleSoft Cost Center

Acct#	Fund	Dept ID	Program	Project/Grant	Amount	Account Description
				Total Reimbursement to Traveler:	0.00	

16. Service date *(Last date of travel)*	17. Destination *(City, State)*

18. Distribution

Expense Itemization for In-State Travel:	Amount
Fares, Public transportation — Taxi: — Air Fare: — Rental Car:	0.00
Personal car mileage — Miles @ (Rate set by Legislature): 0.655	0.00
Meals and / or lodging	0.00
Parking	
Incidental expenses *(itemize)* — Registration: — Hotel Tax:	0.00
Expense Itemization for Out-of-State Travel:	
Fares, Public transportation — Taxi: — Air Fare: — Rental Car:	0.00
Personal car mileage — Miles @ (Rate set by Legislature): 0.655	0.00
Meals and / or lodging	0.00
Parking	
Incidental expenses *(itemize)* — Registration: — Hotel Tax:	0.00
Subtotal:	0.00
Less: P-Card/Vouchered Expenditures/3rd Party Reimbursements:	
Less: DART Card/Centrally Billed Airfare/Hotel/Rental Car:	
Total Reimbursement to Traveler:	0.00

19. I certify that the expense account shown above is true, correct, and unpaid

Claimant Sign Here ▶	Date	Supervisor Sign Here ▶	Date
20. Contact name	Phone (Area code and number)	21. *Agency use*	
Agency 22. Approval Sign Here ▶	Title	Date	

(rev-01/03/2023)

IN STATE MEALS AND LODGING

a. Leave Headquarters				b. Arrive Headquarters				c. **PerDiem Meals** (not to exceed max rate)	d. **Per Diem Lodging** (not to exceed max rate)	e. **Total Per-Diem**	**Actual Expenses**			
Date	Hour	Min	m	Date	Hour	Min	m				f. NonOvernight Meals	g. Meals	h. Lodging	i. **Total**
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
							Total:			k. 0.00	J. 0.00		**Total:**	l. 0.00

OUT OF STATE MEALS AND LODGING

m. Leave Headquarters				n. Arrive Headquarters				o. **PerDiem Meals** (not to exceed max rate)	p. **Per Diem Lodging** (not to exceed max rate)	q. **Total Per-Diem**	**Actual Expenses**			
Date	Hour	Min	m	Date	Hour	Min	m				r. NonOvernight Meals	s. Meals	t. Lodging	u. **Total**
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
										0.00				0.00
							Total:			w. 0.00	v. 0.00		**Total:**	x. 0.00

Travel Date	y. Purpose of Travel, Benefit to the University, Record of Transportation, and Title of Any Paper Presented	FARES PAID (itemize)	
	Purpose:		
	Destination:		
	Benefit:		
	Title of Paper:		
	Public Transportation Itemized (indicate if university prepaid airfare):		
	Airfare:		
	Ground Transportation:		
	Rental Car/Taxi:		
	TOTAL FARES:	0.00	
	Personal Car Mileage (Itemized point to point):	Between Cities	Intra-City
	TOTAL MILEAGE:	0.00	0.00