# TRAVEL VOUCHER / FORM - Local Funds



| 1. P.O.Business Unit | 2. Agency number | 3. Agency Name | | | | 4. P.O.Number |
|---|---|---|---|---|---|---|
| TR784 | 00784 | University of Houston-Downtown | | | One Main Street N. Houston, TX 77002 | |
| | 5. Travel From (Date) | 6. Travel To (Date) | 7. DOC agency 00784 | 8. FY 2024 | 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 |
|---|---|---|---|---|---|---|
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| | | | | 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): 0.67 | | 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): 0.67 | | 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 | Date | Supervisor | Date |
|---|---|---|---|
| Sign Here ▶ | | Sign Here ▶ | |

| 20. Contact name | Phone (Area code and number) | 21. *Agency use* |
|---|---|---|
| | | |

| Agency 22. Approval | Title | Date |
|---|---|---|
| Sign Here ▶ | | |

***(rev-01/03/2024)***

## 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 |
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| | | | | | | | | | | 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 |
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| | | | | | | | | | | 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 |