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
				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	2	Miles @ (Rate set by Legislature):	0.70	1.40
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):	0.70	0.00
Meals and / or lodging				0.00
Parking				
Incidental expenses *(itemize)*	Registration:	Hotel Tax:		0.00
			Subtotal:	0.70
			Less: P-Card/Vouchered Expenditures/3rd Party Reimbursements:	
			Less: DART Card/Centrally Billed Airfare/Hotel/Rental Car:	
			Total Reimbursement to Traveler:	0.70

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
										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