

The Upstate Foundation, Inc.

Travel Expense Voucher

Please include conference/meeting agenda with submission.

Original itemized receipts are required. Reimbursement for meals is either per diem, or receipt based, not both.

Name _____ Phone/Email _____

Home Address _____

Destination _____

Departure Date & Time _____ Return Date & Time _____

Please Explain the Business Purpose of Trip/Expenses in box provided below

Expenses

Lodging _____	Total Lodging	
Airfare _____		
Car Rental/Gas _____		*Requests for reimbursement for airfare above coach or economy must be pre-approved by the Foundation.
Taxi/Ride Share _____		
Tolls/Parking _____		
Other Trans _____		
Personal Mileage _____ X IRS Rate _____ = Total Mileage		
*Mileage Rate	Total Transportation	
Meal Reimbursement Method <input checked="" type="radio"/> Receipts <input checked="" type="radio"/> Per Diem GSA Per diem Rates		
Meals - Please note that lunch is not a reimbursable expense	Total Meals	
Registration Fees _____		
Other Expenses _____		
Explanation/Notes:	Total Other	
Fund # _____	Total Travel Expense	

I certify that these charges are accurate and that I am not claiming reimbursement from another source.

Signature of Traveler _____ Date _____

Signature of Fund Advisor _____ Date _____