

CDIB Employee Out-Of-State Travel

Name: _____ Date: _____
(name of person or company that check should be written to.)

ORACLE Account Number *(contact CDIB Business Office if unsure):*

Purpose of Trip

For questions concerning this travel voucher, contact:

Name _____ UAB Phone _____

Points of Travel *(departure and arrival times must be shown)*

From	To	Mode	Date	Time	From	To
From	To	Mode	Date	Time		
From	To	Mode	Date	Time		

Date Month, Day & Year	Primary Transportation		Meals and Lodging					Miscellaneous	
	Number of Personal Car Miles	Plane, Train, Rental Car, Etc. (Attach Stubs)	Breakfast	Lunch	Dinner	Room (Attach Original Receipt)	Meals and Lodging Amount	(Taxi/Limo, Business Phone, Parking, Etc.) Attach Original Receipts Where Applicable	Misc. Amount
Total Miles @ IRS STD. Rate			Total Meals And Lodging					Total Miscellaneous	

I hereby certify that the travel and expenses indicated hereon were accomplished in the performance of official duties pursuant to travel authority granted to me and that I have not and will not be reimbursed for this expense by any other organization. There are not alcoholic beverages included in these expenses.

If requesting reimbursement for first class travel, I further certify that only first class accommodations were available.

I agree to the rate at which I am being reimbursed.

This travel voucher has been completed in compliances with University policies.

SUMMARY:

Total This Expense Account

Minus Expenditures Not Reimbursed By UAB

MINUS PREPAID EXPENSES

Total Due The Traveler

Date Processed: _____ Processed by: _____ Date Approved: _____