

# University of Missouri Travel - Trip Expense Detail

Department make photocopy for your records; mail original copy to Accounting Department.

Payable to:	EmplID/Vendor Number	Trip No.	Purpose of Trip:
Mail Check To (Campus Address)	Date Submitted		
Check Dist		Payment Desc.: Travel -	

Place Bar Code Number Here (For Accounting Purposes Only)	DATE	DESTINATION		BREAK-FAST	LUNCH	DINNER	LODGING	OTHER		TOTAL FOR THE DAY	
		FROM	TO					EXPLANATION	AMOUNT		

Trip Related Direct Billing Information		Comments
DESCRIPTION OF CHARGE	AMOUNT	

Used Official Car Number	Used Personal Car	miles at <b>0.360</b> cents per mile = Auto Allowance
--------------------------	-------------------	---

MoCode Description	<b>Total Amount</b>	
--------------------	---------------------	--

*I certify that this claim is correct and just, that no part of the same has been paid, that the above expense was necessary to the business of the University, that I have made payment therefore and that I have not been nor will be reimbursed therefore from any other source.*

Signature	Signature (Dean or Director)
-----------	------------------------------

Title	Ext. & Footings Correct	Approved (Fiscal)	Voucher Number
-------	-------------------------	-------------------	----------------

AMOUNT	MOCODE	PS ACCOUNT	FUND	DEPTID	PROGRAM	CLASS	BP	PROJECT/GRANT	BUSINESS UNIT