



# Travel Expense Voucher

Log # from Authorization  
(If Applicable)

Woods Hole  
Oceanographic Institution  
Woods Hole, MA 02543

Name Of Requestor

Your Name

Special Handling Instructions

Address/Mail Stop

Your Address Where We Will Send Check

Employee #

Phone #

Your phone

Department #

2

Trip Start Date

Date of  
Start

Time AM / PM

Time of  
Start

Trip End Date

End Date

Time AM / PM

Time of  
end of  
trip

PURPOSE OF TRIP (PLEASE BE SPECIFIC)

Purpose - to attend meeting, etc.

## ITINERARY

Date you started

City you started from

City you went to

Date you ended

City you started from

Final city

## TRANSPORTATION, HOTELS, MEALS & OTHER EXPENSES

Amount To Be Reimbursed

AIRFARE(S) (Original Passenger Receipts Required)

\$

ADD AIRLINE CHANGE FEE (Provide Explanation)

\$

PRIVATE AUTO \_\_\_\_\_ Miles @ 0.54 cents per mile (Now 53.5 cents per mile)

\$

BUS/CAR RENTAL/TRAIN (Original Receipts Required)

\$

HOTEL Attach Original Itemized Bill(s) Room and Tax Only \_\_\_\_\_ Nights @ \$ \_\_\_\_\_ Nights @ \$ \_\_\_\_\_ Nights @ \$ \_\_\_\_\_

\$

FOREIGN MEALS (No Receipts Are Necessary) (Please Attach Worksheet)

\$

DOMESTIC MEALS, at current WHOI per diem rates Number of: \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner

\$

OTHER EXPENSES (Receipts Are Required for Items \$75 and over.) (Please Itemize: Tolls, Parking, Registration, Etc.)

\$

For Preparer's use only

VISA ADVANCE \$

(Not to be included in expense calculation)

TOTAL COST FOR TRIP

\$

LESS ADVANCE (Check issued By WHOI only)

\$

AMOUNT TO BE PAID

\$

(Be Sure To Attach All Necessary Documentation)

## CHARGE TO THE FOLLOWING ACCOUNT(S)

5 Digit Cost Center or 8 Digit Project Number	Expense Code Domestic - 5170 Foreign - 5180	Total Dollars
_____	- _____	\$ _____
_____	- _____	\$ _____
_____	- _____	\$ _____

☐ Check Box If The Project Number Differs from The Original Authorization

## PAYMENT OPTIONS

Pay to Individual \$ \_\_\_\_\_ Pay to VISA \$ \_\_\_\_\_

Payment from Petty Cash \$ \_\_\_\_\_  
Received By \_\_\_\_\_ Date \_\_\_\_\_

## SIGNATURES

Requestor's Signature

Date

Authorizing Signature

Date

## PROCUREMENT USE ONLY

Date Received

Audited By

Reference 1

Entered By

Date

Reference 2