



Travel Expense Voucher

Log # from Authorization
(If Applicable)

Woods Hole
Oceanographic Institution
Woods Hole, MA 02543

| | | | | | | |
|-------------------|---------|--------------|-------------------------------|--------------|---------------|--------------|
| Name Of Requestor | | | Special Handling Instructions | | | |
| Address/Mail Stop | | | | | | |
| Employee # | Phone # | Department # | Trip Start Date | Time AM / PM | Trip End Date | Time AM / PM |

PURPOSE OF TRIP (PLEASE BE SPECIFIC)

ITINERARY

| TRANSPORTATION, HOTELS, MEALS & OTHER EXPENSES | Amount To Be Reimbursed | | | | | | | | | | | | |
|--|--|-------------------------|--|-----------------------|--|---|--|---------------------|----|--|----|--|----|
| AIRFARE(S) (Original Passenger Receipts Required) | \$ | | | | | | | | | | | | |
| ADD AIRLINE CHANGE FEE (Provide Explanation) | \$ | | | | | | | | | | | | |
| PRIVATE AUTO _____ Miles @ 0.57.5 cents per mile | \$ | | | | | | | | | | | | |
| BUS/CAR RENTAL/TRAIN (Original Receipts Required) | \$ | | | | | | | | | | | | |
| HOTEL <small>Attach Original Itemized Bill(s) Room and Tax Only</small> _____ 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.) | \$ | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>For Preparer's use only</td> <td></td> </tr> <tr> <td>VISA ADVANCE \$ _____</td> <td></td> </tr> <tr> <td>(Not to be included in expense calculation)</td> <td></td> </tr> <tr> <td>TOTAL COST FOR TRIP</td> <td>\$</td> </tr> <tr> <td>LESS ADVANCE (Check issued By WHOI only)</td> <td>\$</td> </tr> <tr> <td>AMOUNT TO BE PAID (Be Sure To Attach All Necessary Documentation)</td> <td>\$</td> </tr> </table> | 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) | \$ |
| 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 |