



# 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)**

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**ITINERARY**

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TRANSPORTATION, HOTELS, MEALS & OTHER EXPENSES	Amount To Be Reimbursed								
AIRFARE(S) (Original Passenger Receipts Required)	\$								
ADD AIRLINE CHANGE FEE (Provide Explanation)	\$								
PRIVATE AUTO _____ Miles @ 0.67 cents per mile	\$								
BUS/CAR RENTAL/TRAIN (Original Receipts Required)	\$								
HOTEL <small>Attach Original Itemized Bill(s) Room and Tax Only</small> _____ 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 \$25 and over.) (Please Itemize: Tolls, Parking, Registration, Etc.)	\$								
	<table border="1"> <tr> <td>For Preparer's use only VISA ADVANCE \$ _____ (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)	\$
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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