



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 @ 0.725 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 \$25 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
----- - -----	\$ _____	
----- - -----	\$ _____	
----- - -----	\$ _____	
<input type="checkbox"/> 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