

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	
DITIDANSE NE TRID (DI EASE DE SDECIEIC)									
PURPOSE OF TRIP (PLEASE BE SPECIFIC)									
ITINERARY									
TRANSPORTATION, HOTELS, MEALS & OTHER EXPENSES AIRFARE(S) (Original Passenger Receipts Required)							Amount To Be Reimbursed \$		
ADD AIRLINE CHANGE FEE (Provide Explanation)							\$		
PRIVATE AUTOMiles @ 0.50 cents per mile							\$		
BUS/CAR RENTAL/TRAIN (Original Receipts Required)							\$		
HOTEL Attach Original Itemized Bill(s) Nights @ \$ Nights @ Nights							\$		
FOREIGN MEALS (No Receipts Are Necessary) (Please Attach Worksheet)							\$		
DOMESTIC MEALS, at current WHOI per diem rates Number of:BreakfastLunchDinner							\$		
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 ACOUNT(S) PAYMENT O					•				
5 Digit Cost Center	Expense Code	Total Dollars	FAINE	NI OFIIONS					
or 8 Digit Project Number Domestic - 5170 Foreign - 5180 Pay to Individual \$ Pay to VISA \$_									
							ISA \$		
	-	<u></u>	_						
Payment from Petty Cash \$ Received By Date									
Check Box If The Project Number Differs from The Original Authorization									
SIGNATURES				PROCUREMENT USE ONLY					
Requestor's Signature		Date	Date Rec		Audited By	J	Reference	1	
Authorizing Signature		Date	Entered	Ву	Date		Reference	2	