

# EXPENSE VOUCHER



Sigma Theta Tau International

**Honor Society of Nursing**

550 West North Street  
Indianapolis, IN 46202 USA

NAME

POSITION

ADDRESS

PURPOSE OF TRIP/LOCATION

DATE(s) OF TRAVEL

**Travel Advance** – Complete the above information and submit this request at least two weeks in advance.  
A voucher is required following the travel that accounts for the use of the advance money, including necessary receipts.

Amount of Advance Requested: \$                      Previously Received: \$

## TRAVEL EXPENSES

## TOTALS

Enter Date(s) of Expenses					
Travel: air, train, bus, taxi, limousine					
Car (          miles x44.5 cents) Parking					
Overnight Lodging					
Miscellaneous (baggage, tips, other: specify          )					
Meals (inclusive of tips)					
<b>OTHER EXPENSES</b>					
Office Supplies					
Postage/Typing/Duplicating					
Telephone (Official Business Only)					
<b>CARE TEAM Date</b> <b>EVENT:</b>					
<b>MISC EXPENSES:</b>					

**TOTAL**

**ADVANCE**

**BALANCE DUE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**

Budget Classification: \_\_\_\_\_