

# Travel Voucher

Springfield Township

3298 Terminal Ave

created 12-14-16

**Voucher Number**

**Voucher Date**

**Comments**

**Traveler Name and Address-Payee**

**8. Date**

**9. Departed From**

Place

Time

**10. Arrived At**

Place

Time

**11. Auto Mileage**

**12. Auto Reimbursement @ .50**

**Meals or per Diem**

**Purpose of Travel**

**17. Line Totals**

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**18. Notes**

**19. Total Amount**

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In State travel maximum allowable expense per fiscal year is \$500.00. Lodging meals and incidentals maximum is \$2000.00 per year with PRE-APPROVAL of the Board of Trustees

I certify that, in accordance with Ordinance 16-17-06 Reimbursement of all travel, meals, and lodging expense of Officers and Employees in Springfield Township, the above amount is correct and just; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business of unavoidable delays requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner, and that I have not been furnished with transportation or money in lieu thereof for any part, and that if reimbursement for use of a private automobile is requested, I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code.

**20. Traveler's Signature**

**21. Date**

This certifies that the travel shown above was required by the official duties of the traveler named, to my personal knowledge, or as indicated by records submitted to me, and that I pre-approved any conference room rates that exceed the reimbursement schedule.

**22. Account Number/Travel Code**

**23. Account/Department**

**24. Approval**

**25. Fiscal Agent Approval**