

SOUTHERN CONNECTICUT STATE UNIVERSITY EMPLOYEE VOUCHER - TRAVEL AND OTHER FOR EXPENSES INCURRED IN THE SERVICE OF THE STATE OF CONNECTICUT

<u>SC</u>	· CO-1/XI	P REV. 3/12/21				r									
DOCUM	DOCL	OCUMENT #			DOCUMENT AMOUNT										
PERIOD OF TRAVEL							TA # (IF APPLICABLE)			BANNER ID (D	O NOT	ENTER	? SS#)		
									`			,			
PAYEE NAME AND ADDRESS						PAYEE'S STATUS - SELECT				ONE (EX: FT F	AC, PT	FAC)			
REASO	N FOR EXPE	NDITURE				I									
	INIDEV	1 400	- 1									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LINIT		
INDEX ACC			, <u>I</u>							AMOUNT					
				El	MPLO	YEE E	XPENDITU	RES							
	T	TRAVEL BY AUTON							REG LODG		GING MEALS		MISC. TELE		
	TRAVEL STATE VEHIC			.E PERS. VEHICLE			(AIR,	(AIR, RAIL, BUS)					INTERNET, OTHER		
DATE	FROM	то	MISC. EXP PARKING,	AMT.	NO C		амт ат 🧲)	MT	AMT	AMT		AMT.	AMT.	
			TOLLS												
CURTO	TALS														
SUBTO															
I CERTIFY THAT THE AMOUNT STATED HERE WAS GIVEN LES					ESS: AMOUNT OF ADVANCE ((IF APPLICABLE) TOTAI		PG 2 (IF APPLICABLE) GRAN		D TOTAL			
TO ME AS AN ADVANCE AGAINST THE AMOUNT OF TRAVEL AND OTHER EXPENSES SHOWN HEREIN AS DUE TO ME.															
				PAYEE CEI		_									
		MBURSEMENT CLA	THE STATE	ON MY BEHA	LF, SU	CH AS F	AMILY TRAVE	L AND A	ASSOC	CIATED EXPENS	ES, HAV	E BEEN			
DATE		CERTIFY THA	I IHE SERV	IICES HAVE BI	EEN PE		ED AND THE I EE'S SIGNATUI		SES IN	CURRED AS ST	ATED AL	OVE.			
DATE APPROVED AMO							PROVED		SIGNATURE – ORG FIN MGR /EMPLOYEE SUPERVISOR						
				ACC	COUN	TS PAY	YABLE USE	ONL'	Υ						
INV#								PAY DATE:							
CHECK #								CHECK DATE:							