



**University of Massachusetts
Medical School
Non-employee/CTS
Reimbursement Voucher**
US Citizen? Y__ N __
Required information

I hereby certify that the amounts as itemized are true and correct, was incurred by me was a necessary business expense to UMMS and, if this is a travel expense, conformed fully with the Travel Rules and Regulations.

Individuals Signature	Date
Approved PI/ Dept Head	Date

Name _____

Home Address _____

Department Name **Library - NN/LM** Contact Person **Martha Pearson** Extension **65979**

Purpose, Destination, and Dates of Trip _____

A. EXPENSES	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Totals
Date:								
Foreign Exchange Rate								
1. Tolls, Parking								
2. Car Rental								
3. Air, Rail, Bus								
4. Lodging								
5. Meals Per Diem								
6. Taxi, Shuttle								
Sub-Total A								

B. MILEAGE ONLY (not including tolls, parking above)

Date	From/To (show all interim stops)	Reason for Travel	No. of Miles	Mileage Rate	Mileage Expense
Sub-Total B					

C. BUSINESS MEALS & ENTERTAINMENT EXPENSES

Date	Place of Activity	Business Purpose	Guest(s)	Amount
Sub-Total C				

D. MISCELLANEOUS EXPENSES/COMMENTS

Date	Description	Amount
Sub-Total D		

*Payments to US Bank and Employees should be on separate vouchers

Fund	53106							Grand Total
Dept ID	W417400001							Payable to VISA*
Program	C04							OR
Class								Payable to Individual
Project/Grant	S61110000015500							
Account	758980							
Amount								