


UoW1171 (Rev.10/06) PDF

- When completed print form.
- Obtain Signatures (35. and 36.) on page 1.
- **Send original of page 1 and 2 along with receipts to Travel Office, Box 351117.**
- Photocopy page 1 and receipts for your files.



 <b>VOUCHER</b> TRAVEL OFFICE, BOX 351117			9. Type of Claim: <input type="checkbox"/> UW <input type="checkbox"/> Student <input type="checkbox"/> Non-UW		TRANSACTION CODE		<b>50</b>		14. Req.#		
2. Name and Mailing Address where to Send Check (Maximum 5 lines typed)			10. Accounting Type: (if applicable) <input type="checkbox"/> Candidate for Faculty/Staff <input type="checkbox"/> Relocation								
			11. Official Duty Station (City and State Only)								
			12. Home Address (City and State Only)								
			13. Purpose of Trip (Include Dates)								
3. Date Prepared (Mo., Dy., Yr.)		4. Budget Number		% (Percentage)							
5. Shared Budget Number (If applicable)		% (Percentage)									
6. Contact Name			7. Contact's Telephone & Box Number								
8. Project Cost Accounting Task:			Option:			Project:					

[illegible][illegible]

UoW1171 (Rev.10/06) PDF

**DO NOT WRITE IN THIS SPACE**

## NOTICE

THIS PAGE AND PAGE 1  
REQUIRED BY  
TRAVEL OFFICE.

25. TOTAL ALLOWABLE PER DIEM	26. TOTAL CLAIMED PER DIEM	C
29. TOTALS DETAILED ABOVE (A + B + C )		
30. PER DIEM ADVANCE (If Applicable)		
31. If 29 is less than 30, AMOUNT DUE UNIVERSITY (Attach Payment to TEV)		
32. If 29 is greater than 30, AMOUNT DUE TRAVELER		

- When completed print form.
- Obtain Signatures (35. and 36.) on page 1.
- **Send original of page 1 and 2 along with receipts to Travel Office, Box 351117.**
- Photocopy page 1 and receipts for your files.