UMassAmherst

FOUNDATION DISBURSEMENT VOUCHER

CONTROLLER'S USE ONLY					VOUCHER DA	ΓE		NAME OF FOUNDATION EMPLOYEE						
Voucher #														
			0	R										
VENDOR NUMBER	DATE OF		INVOICE	NUMBER	PAYMENT		ACCOUNT	DEPT ID		01.466				
VENDOR NAME	EXPENSE	SPEED CHART	EXPENSE DI		AMOUNT		FUND	PRJ/GRT	PROG	CLASS				
					1									
					-									
					1									
					-									
	l													
	<< SIGNATURE	S >>		TOTAL			TROLLER'S USE ONLY							
EMPLOYEE/ TRAVELER		=												
							Audited By	1						
PREPARER & PHONE														
CAONTACT							Date							
SUPERVISOR/DEPT HEAD							Date							
_														
PI (If neither the traveler														
not approving authority)														
ereby certify under penalty of perjury that	the above amounts as	temized are true and co	prrect, were incurred by me											

I Hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the University and conform fully with travel russ and regulations. I authorize the University to deduct from my pay an amount equal to any outstanding improper reimbursements in the event that campus Controller's Office does not receive repayment of such reimbursements from me within fifteen calendar days after my receipt of said notice and demand.

EMPLOYEE NAME ADI		DDRESS		,	VENDOR #		LAST 6 CARD DIGITS		ITS				DAT	DATE PROCESSED					
												CERT PREP]
DESTINATIONS DEPART DATE				RETURN DATE	PURPOSE PURPOSE					7	Р	REP'S PH	ONE						
TRIP 1				DATE	DATE			TORTOOL				PREP'S E-MAIL							1
TRIP 2 TRIP 3										-	-	EDARTM	ENT					-	
TRIP 4										1	_	DEPARTM	IENI					4	
TRIP 5										1	5	SUPERVIS	SOR						
SPTYP	_												Please Print						
FUND DEPARTMENT ID				PROJ/	GRANT			PROG		CLA	SS		_						
ITEM	IZED EXPENSES																		
		MILE	MILEAGE		MEAL PER DIEM				MEMB	AUT	ro	OTHER TRAVEL		BUSINESS	OTHER		TAX	TOTAL	
Trip #	DESCRIPT	ION	in state out state		in state out state		CONF REG	AIR	HOTEL	DUES & FEES	RENT		in state	Out state	EXPENSE	JOB RELATED EXP	FOREIGN	REIMB	IOIAL
			iii otato	our orare	State	our orare							olulo	out oldio		EAP			
																			<u> </u>
																			-
															1			 	
															1				
															1			-	
																		-	
TOTAL CATEGORY REIMBURSMENT																			
TRAVEL CARD REIMBURSEMENT																			
EMPLOYEE REIMBURSEMENT																			
TOTAL DISTRIBUTION ACCOUNT		726450	726250	726311	726210	726700	726230	726240	726800	726	270	726311	726210	734210	727200	726220	727280		
ACCOUNT		726450	726250	726311	726210	726700	726230	726240	726800	/262	270	726311	726210	734210	727200	726220	727280	4	