

# AUGUSTANA COLLEGE

639 38<sup>th</sup> St.

Rock Island, IL 61201

*Moving Expense*

*Voucher*

Business Office Use Only:

Paid Payroll Dated: \_\_\_\_\_

Please print or type

Name and ID# \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Meeting or Purpose of \_\_\_\_\_

Date	Details of Expense	Transportation			Lodging	Other Expenses
		Mileage	Amount	Other		
<b>Totals</b>						

I hereby certify that the above is a true statement of expense incurred:

Signature \_\_\_\_\_

Approved By \_\_\_\_\_

Account Number \_\_\_\_\_

Attach original receipts and bills in support of ALL expenses (excluding auto mileage). Mileage reimbursement rate for is \$.20 / per mile.

Grand Total \_\_\_\_\_

*Return completed form along with original receipts to the Payroll Department. They are located on the southeast corner of the second floor of Sorensen Hall*