## New Jersey City University Travel Voucher

## ACCOUNTS PAYABLE USE ONLY

Payee Name and Address

Account Number (10)

Voucher Number (7)

Invoice Number (14)

Employee ID Number:

**Total Amount** 

					TRANSPORTATIO			SUBSI	STENCE		SUNDRIES	
Date	ITEMS			Auto	ОТН			T	OTHER	(Explain		
		(In Detail)			Miles	(spec			MEALS	MEALS (Specify)	Fully)	
										(Opcomy)		
TOTALS	3	Miles	@	=								
								1	1			
EMPLOYEE CERTIFICATION										GRAND TOTAL		
I certify that the above expenses are correct in all respects: that the												
distances as charged have been actually and necessarily traveled by me on the dates therein specified: that the amount as charged has been												
actually paid for by me for traveling expenses: that no part of the account												
has been paid by the College but the full amount is due. I also CERTIFY that on the date(s) when the above items of expense were incurred the							Immediate Supervisor			Ľ	Date	
vehicle I was using on College business was covered by liability insurance												
as follows:							Accounts Payable				ate	
Company:												
Coverage: \$ \$ (BODILY INJURY) (PROPERTY DAMAGE)												
(BODILY INJURY) (PROPERTY DAMAGE)							App	Approval Officer			Date	
EMPLO	YEE'S SIC	NATURE _										
Official F	osition											