



# Travel Expense Voucher

Log # from Authorization  
(If Applicable)

Woods Hole  
Oceanographic Institution  
Woods Hole, MA 02543

|                   |         |              |                               |              |               |              |
|-------------------|---------|--------------|-------------------------------|--------------|---------------|--------------|
| Name Of Requestor |         |              | Special Handling Instructions |              |               |              |
| Address/Mail Stop |         |              |                               |              |               |              |
| Employee #        | Phone # | Department # | Trip Start Date               | Time AM / PM | Trip End Date | Time AM / PM |

**PURPOSE OF TRIP (PLEASE BE SPECIFIC)**

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**ITINERARY**

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| TRANSPORTATION, HOTELS, MEALS & OTHER EXPENSES   | Amount To Be Reimbursed  |   |  |                     |    |  |    |  |    |
|--|--|---|--|---------------------|----|--|----|--|----|
| AIRFARE(S) (Original Passenger Receipts Required)  | \$   |   |  |                     |    |  |    |  |    |
| ADD AIRLINE CHANGE FEE (Provide Explanation)   | \$   |   |  |                     |    |  |    |  |    |
| PRIVATE AUTO _____ Miles @ 0.575 cents per mile  | \$   |   |  |                     |    |  |    |  |    |
| BUS/CAR RENTAL/TRAIN (Original Receipts Required)  | \$   |   |  |                     |    |  |    |  |    |
| HOTEL <small>Attach Original Itemized Bill(s)<br/>Room and Tax Only</small> _____ Nights @ \$_____   _____ Nights @ \$_____   _____ Nights @ \$_____ | \$   |   |  |                     |    |  |    |  |    |
| FOREIGN MEALS (No Receipts Are Necessary) (Please Attach Worksheet)  | \$   |   |  |                     |    |  |    |  |    |
| DOMESTIC MEALS, at current WHOI per diem rates Number of: _____ Breakfast _____ Lunch _____ Dinner   | \$   |   |  |                     |    |  |    |  |    |
| OTHER EXPENSES (Receipts Are Required for Items \$75 and over.) (Please Itemize: Tolls, Parking, Registration, Etc.)                                 | \$   |   |  |                     |    |  |    |  |    |
|  | <table border="1"> <tr> <td>For Preparer's use only<br/>VISA ADVANCE \$ _____<br/>(Not to be included in expense calculation)</td> <td></td> </tr> <tr> <td>TOTAL COST FOR TRIP</td> <td>\$</td> </tr> <tr> <td>LESS ADVANCE (Check issued By WHOI only)</td> <td>\$</td> </tr> <tr> <td>AMOUNT TO BE PAID<br/>(Be Sure To Attach All Necessary Documentation)</td> <td>\$</td> </tr> </table> | For Preparer's use only<br>VISA ADVANCE \$ _____<br>(Not to be included in expense calculation) |  | TOTAL COST FOR TRIP | \$ | LESS ADVANCE (Check issued By WHOI only) | \$ | AMOUNT TO BE PAID<br>(Be Sure To Attach All Necessary Documentation) | \$ |
| For Preparer's use only<br>VISA ADVANCE \$ _____<br>(Not to be included in expense calculation)  |  |   |  |                     |    |  |    |  |    |
| TOTAL COST FOR TRIP  | \$   |   |  |                     |    |  |    |  |    |
| LESS ADVANCE (Check issued By WHOI only)   | \$   |   |  |                     |    |  |    |  |    |
| AMOUNT TO BE PAID<br>(Be Sure To Attach All Necessary Documentation)   | \$   |   |  |                     |    |  |    |  |    |

**CHARGE TO THE FOLLOWING ACCOUNT(S)**

| 5 Digit Cost Center<br>or 8 Digit Project Number | Expense Code<br>Domestic - 5170<br>Foreign - 5180 | Total Dollars |
|--|---|---------------|
| _____  | - _____   | \$ _____      |
| _____  | - _____   | \$ _____      |
| _____  | - _____   | \$ _____      |

Check Box If The Project Number Differs from The Original Authorization

**PAYMENT OPTIONS**

Pay to Individual \$ \_\_\_\_\_ Pay to VISA \$ \_\_\_\_\_

Payment from Petty Cash \$ \_\_\_\_\_  
Received By \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURES**

|                       |      |
|-----------------------|------|
| Requestor's Signature | Date |
| Authorizing Signature | Date |

**PROCUREMENT USE ONLY**

|               |            |             |
|---------------|------------|-------------|
| Date Received | Audited By | Reference 1 |
| Entered By    | Date       | Reference 2 |