

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER
AT DALLAS**

NON-EMPLOYEE/SPOUSE TRAVEL VOUCHER

FOR BUSINESS OFFICE USE ONLY:

DATE	AMOUNT	VOUCHER NO.

- INDICATE TYPE:
(If multiple, denote all)
- TRAVEL OF NON-EMPLOYEE
 - TRAVEL OF SPOUSE
 - CONSULTATION
 - LECTURE
 - HONORARIUM-NOT TO BE PAID FROM FEDERAL OR STATE FUNDS

ORIGIN OF TRAVEL	DESTINATION			
PURPOSE OF TRAVEL				
TRAVEL DATE FROM	TO	TITLE OF INDIVIDUAL		
REQUESTED BY	PHONE	DATE	DEPT. REQ. NO.	DEPT. ACCT. NO.
SOCIAL SECURITY NUMBER	APPROVALS			
	DEPARTMENT CHAIRMAN		FISCAL MANAGER - MSRDP	
	ADMINISTRATION		PAYROLL - 1099 REPORT NO. <input type="checkbox"/> S <input type="checkbox"/> NS	
	GRANTS - FUNDS	LEGALITY	AMOUNT	CODE

PAYEE NAME, ADDRESS

ACTUAL AMOUNT	ACCOUNT NO.	
		FARES--PUBLIC TRANSPORTATION (RECEIPTS REQUIRED)
		PERSONAL CAR MILEAGE _____ MILES INTER CITY _____ INTRA CITY
		LODGING (RECEIPTS REQUIRED) AND MEALS
		OTHER TRAVEL EXPENSES - ITEMIZE
		TOTAL TRAVEL EXPENSE
		FEE - <input type="checkbox"/> HONORARIUM <input type="checkbox"/> LECTURE <input type="checkbox"/> CONSULTATION
TOTAL EXPENDITURES - CLAIMANT MUST SIGN BELOW		

HOME ADDRESS	TITLE AND DATE OF LECTURE, IF APPLICABLE
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ITEMIZATION OF EXPENSES:

*DATE	BREAKFAST	LUNCH	DINNER	LODGING	SUB-TOTAL EXPENSES	LIMO OR TAXI FARE	TOTAL EXPENSES
TOTALS							

FOR BUSINESS OFFICE USE ONLY:

HASH	ACCOUNT NUMBER		ENCUMBRANCE		EXPENDITURE CLASS	
	GEN LEDGER	SUB LEDGER	TRIP REQUEST	EST AMOUNT	CODE NO	AMOUNT

VOUCHERED BY _____

CHECKED BY _____

APPROVED BY _____

DISTRIBUTION:
Goldenrod - Retain In Initiating Department
Remainder - Forward to Accounting Office

STATEMENT OF SERVICES RENDERED: I certify the above costs were incurred for official business in connection with the performance of the service specified, and have not been reimbursed from other sources.

SIGNATURE OF CLAIMANT _____

NOTE: If Federal funds are to be used to pay consultation fees, the form entitled "Request for Consultation" must be attached.

*If insufficient space, please attach additional sheet.