

## University of Massachusetts Medical School Non-employee/CTS Reimbursement Voucher

US Citizen? Y\_\_ N \_\_ Required information

I hereby cert	fy that the	amounts	as itemize	d are	true	and c	correct,	was	incurred	by me	was a
necessary bu	ısiness ex	pense to l	JMMS and	l, if thi	is is a	a trav	el expe	ense,	conforme	ed fully	with
theTravel Ru	les and Re	gulations									

Individuals Signature	Date	
Approved PI/ Dept Head	Date	

Department Name Library - NN/LM   Contact Person Martha Pearson   Extension 65979    A. EXPENSES   Day 1   Day 2   Day 3   Day 4   Day 5   Day 6   Day 7    Totals   Date:	Name									
Purpose, Destination, and Dates of Trip	Home Address									
A. EXPENSES   Day 1   Day 2   Day 3   Day 4   Day 5   Day 6   Day 7	Department Name Library - NN/LM				Contact Perso	on Martha Pea	Extension 65979			
Date	Purpose, Destinat	ion, and Dates	of Trip							
Date	A. EXPENSES Day 1 Day 2			Day 3	Day 4	Day 5	Day 6	Day 6 Day 7		
1. Tolls, Parking 2. Car Rental 3. Air, Rali, Bus 4. Lodging 5. Meals Per Diem 6. Taxi, Shuttle  Date From/To (show all interim stops)  Date From/To (show all interim stops)  Reason for Travel  No. of Miles Mileage Rate Mileage Expense  Sub-Total B  C. BUSINESS MEALS & ENTERTAINMENT EXPENSES  Date Place of Activity Business Purpose Guest(s)  Amount  D. MISCELLANEOUS EXPENSES/COMMENTS  Date Description  Amount  *Payments to US Bank and Employees should be on separate vouchers Fund S3106  Dept ID W417400001  Program C04  Payable to VISA*	Date	:								Totals
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