LSU Health FOUNDATION NEW ORLEANS

TRAVEL VOUCHER FORM

Travel Voucher Request Date: _____ **Payment Type: Check** ☐ **ACH/Direct Deposit** ☐

Person Preparing the Form: _____ **School/Dept:** _____

Dept. Address or Campus Box #: _____

Event Name: _____

Justification of Travel Expense in Relationship to Fund's Purpose: _____

Travel Date(s) & Location: _____

Check Payable To: _____

Amount requested: $ _____ **Fund Number(s):** _____

VCAF Tracking (Act 710):

To **or** on behalf of a public employee: ☐ Amount exceeds $1,000.00: ☐

*** If both boxes apply, this form requires VCAF tracking and initials:** _____

(See Page 2 for Expense Breakdown)

Delivery Method (If paper check): Foundation Pick Up: ☐ Campus Mail: ☐ Direct Mail: ☐

APPROVALS:

As Fund Custodian/Department Head/Director, my signature certifies that this expenditure adheres to the fund scope and donor intent of this Foundation Fund and does not supplant State funding.

	(Type) Name	Signature	Date
Fund Custodian:	(Type) Custodian Name	Custodian's Signature	Date
Dept. Head / Director:	(Type) Dept. Head/ Director Name	Dept. Head /Director's Signature	Date
Dean or Designee:	(Type) Dean/Designee Name	Dean/Designee's Signature	Date
Chancellor or LSU President (if required):	(Type) Chancellor/LSU President Name	Chancellor/LSU President Signature	Date
Vice President & Chief Financial Officer (CFO):	COO	COO's Signature	Date
President and Chief Executive Officer (CEO)(if required):	Katie Acuff, Esq. President & CEO	President & CEO's Signature	Date
Authorized Board Member (if required):	Board Member	Board Member's Signature	Date

LSU Health Foundation, New Orleans
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504-568-3712 (phone) • 504-568-3460 (fax)
info@lsuhealthfoundation.org
www.lsuhealthfoundation.org

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Details of Expenses:

You are required to attach supporting documentation as outlined in the spending policies for this Fund, including, but not to limited to, original bills or invoices, itemized receipts, list of attendees, agreements, etc.

• Receipts should be within a 60 day limit of the expense date or post travel date •

Event Registration Fees:	
Hotel/Lodging	
Airfare/Train/Bus/Ferry:	
Auto Rental:	
Gasoline:	
Mileage:	
Tolls:	
Taxi, Uber/Lyft, Limousine, etc.:	
Parking Fees:	
Meals:	
Gratuities (Tips):	
Other Expenses:	
Sub-Total:	$ 0.00
Less any Advances/Reimbursements received from other sources:	
GRAND TOTAL: **(To be reimbursed by LSU Foundation Funds.)**	$ 0.00

(*Entertainment while on travel status should be submitted on a separate voucher.)

I certify that the expenses claimed on this travel voucher were incurred for University business and I did not receive any reimbursements or advances for these expenses from other sources, other than the ones listed.

(Traveler's Signature): _____

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