



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.

Fund Custodian:	_____	_____	_____
	<small>(Type) Custodian Name</small>	<small>Custodian's Signature</small>	<small>Date</small>
Dept. Head / Director:	_____	_____	_____
	<small>(Type) Dept. Head/ Director Name</small>	<small>Dept. Head /Director's Signature</small>	<small>Date</small>
Dean or Designee:	_____	_____	_____
	<small>(Type) Dean/Designee Name</small>	<small>Dean/Designee's Signature</small>	<small>Date</small>
Chancellor or LSU President (if required):	_____	_____	_____
	<small>(Type) Chancellor/LSU President Name</small>	<small>Chancellor/LSU President Signature</small>	<small>Date</small>
Chief Operating Officer (COO):	Alejandra Guzman	_____	_____
	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
 2000 Tulane Avenue, 4th Floor, New Orleans, LA 70112
 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:	
<i>Less any Advances/Reimbursements received from other sources:</i>	
GRAND TOTAL: (To be reimbursed by LSU Foundation Funds.)	

(*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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