TRAVEL VOUCHER Page of

1. Archive Ref	erence Numbe	r	2. Agency		3. Agency Name						Current Document Number	
738		738	<u> </u>	THE UNIVER	SITY OF	TEXAS AT D	ALLAS					
5. Effective Date		6. Doc Date 7. Doc Agency		8. PDT 9. Doc Amount								
						738		\$		-		
10. Pay To: (/	Vame, Address	, City, Stat	te, Zip Cod	(e)					11. Title			
									12. Designated Hea	dquarters		
13. UTD-ID 14. UTD Account Number												
10. 015 15												
15. SFX	REF D	OC	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ		AMOUNT	
001	R		APPI	N .	FUND	NACUBO SU	B-FUND		AG	ENCY USE		
15. SFX	REF D	OC	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ	1	AMOUNT	
				-								
002	R		APPN	N	FUND	NACUBO SU	B-FUND		AG	ENCY USE		
15. SFX	REF D	OC	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ		AMOUNT	
003	R		APPN	N	FUND	NACUBO SU	B-FUND		AG	ENCY USE		
15. SFX	REF D	OC	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ		AMOUNT	
20.4			4.00		51110	NA OURO OU	D. F.I.N.D.			ENOVINOE		
004	R		APPI	N	FUND	NACUBO SU	R-LOND		AG	ENCY USE		
15. SFX	REF D	OC	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ		AMOUNT	
005	R		APPI	N	FUND	NACUBO SU	B-FUND		AG	ENCY USE		
16. Service Da	ates					17. Description						
From To												
18. DISTR											AMOUNT	
	e itemizatio				Tavi		Ain four		Dantal Can			
	public trans	•	n (attaci	n receipts),	Taxi	by Logiclature)	Air fare 0.5		Rental Car		\$	
	al car milea and / or lode				Miles @ (Rate set	by Legislature)	0.5				Φ	-
Parking		girig										
		ISAS (ital	mize)									
Outer a	Taver experi	1303 (1101	IIIZC)									
Expens	Other travel expenses (itemize) Expense itemization for out-of-state travel											
	Expense itemization for out-of-state travel Fares, public transportation (attach receipts), Taxi Air fare Rental Car											
	al car milea				Miles @ (Rate set	by Legislature)	0.5				\$	-
Meals a	and / or lode	ging										
Parking)											
Other to	ravel expen	ises (iter	mize)									
Local fu	und travel a	dvance	dated			in	the sum of		was received.		\$0	0.00
											\$0	0.00
19. I certify t	that the expe	nse acco	ount show	n above is tru	ue, correct and unpai	d.						
		Claimant			Date			Supe	ervisor		Date	
Sign Here							Sign Here					
20. Contact na	ame							code and number)		21. Entered b	AV.	
Lo. Contact Ha	ai i i C						none (area (ous and number)		E I. LINEIEU D	7	
22. Ap	proved	Sign					Title			1	Date	
	urement	Here										
		Sign					Title				Date	
by Proc	urement	Here										
(Revised 5/	12/09)		0	riginal Pro	curement Managen	nent - AD34		Copy - Depart	tment			
Form 74-110												
IN-STATE												
a.				b.				l	l			

Leave Headquarters			Headquarters				d. Cost of meals not to exceed \$36	e. Cost of lodging not to exceed \$85	f. TOTAL not to exceed \$121	
Date	Hour	Min.	m.	Date	Hour	Min.	m.			
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
							+	1		\$ -
							+	-		
							1			-
										-
										-
										\$ -
								TOTAL MEALS &	LODGING	\$ -
OUT-OF-S	TATE									
m.				n.					q. Cost of	
	Leave				Arriv	е		 p. Cost of meals not to exceed 	lodging not to	r. TOTAL not to exceed Federal
	Headquart	ers			Headqua	ırters		Federal Rate	exceed Federal	Per Diem
Date	Hour	Min.	m.	Date	Hour	Min.	m.		Rate	
										\$ -
										\$ -
										\$ -
										\$ -
							+	1		\$ -
							+	+		\$ -
							+			\$ -
							+	+		_
							+	-		
							ļ			-
						<u>l</u>				-
								TOTAL MEALS &	LODGING	-
	1									
DATE				y. RECO	RD OF TRANSPORTA	TION AND DUTIE	S PERFORI	MED		MILEAGE POINT TO POINT *
	Busines	ss purpo	ose state	ement:						
	* Show poin	t-to-point	breakdo	wn, including	intra-city mileage clain	ns				

Use an additional form or a "CONTINUATION SHEET," if additional space is needed.

Revised (5/12/09)