

THIS VOUCHER MUST BE COMPLETED WITHIN 14 DAYS OF COMPLETED TRIP.
 ATTACH RECEIPTS AS REQUIRED IN ACCORDANCE WITH GUIDLEINES.
 ITEMIZE ALL EXPENSE — PLEASE PRINT.



UNIVERSITY OF HAWAII
 PROFESSIONAL ASSEMBLY

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PAYEE _____ PAGE _____ OF _____ DESTINATION & PURPOSE OF TRIP _____
 ADDRESS: _____

DATE →													TOTAL EACH LINE
BREAKFAST													
LUNCH OR MEAL PER DIEM													
DINNER													
BUSINESS MEAL/ GROUP FUNCTIONS													
HOTEL/OVERNIGHT PER DIEM													
PLANE OR TRAIN (explain 1st class)													
AUTOMOBILE _____¢ PER MILE													
PARKING FEES													
TAXI													
OTHER*													
OTHER*													
DIRECT BILLED TICKETS													
TOTALS													

EXPLANATION* Must have adequate explanation for unusual items

Total this page	
All Other pages	
Total all pages	
Less Dir. Bill.	
Less Advance	
DUE UHPA	
DUE TRAVELER	

TRAVELER'S SIGNATURE _____ DATE _____

AUTHORIZING OFFICIAL _____ DATE _____