



ULS INTERNSHIP TRAVEL EXPENSE VOUCHER

See Internship Manual for Guidelines on Allowable Reimbursements

Name: _____ Email: _____

Street of P.O. Box: _____

City: _____ State: _____ Zip: _____

Dates of Internship: _____ to _____

Travel From: Internship Site: _____

To: HOME: _____

Office Use
Only

By Car: _____ miles @ current IRS rate per mile _____

Tolls _____

For interns traveling a fair distance:

Meals
\$25 per day adult; \$15 per day child _____

Lodging [modestly priced-such as the range of
Comfort Inn, Holiday Inn Express, etc.] _____

Shipping boxes: up to \$150.00 _____

Other Expenses (please describe) _____

Total: \$ _____ \$ _____

Student sign here: _____ **Date:** _____

Office only below the line:

**

Account Number: 01-00-20012

Approved: _____
(Financial Services Office)

Signed: _____
(Contextual Formation Office)

PLEASE ATTACH RECEIPTS AND SEND TO THE CONTEXTUAL FORMATION OFFICE WITHIN ABOUT A MONTH OF ARRIVAL