



**\*\* For AP Use Only \*\***

**Banner Invoice #**

Date: _____	Encumbrance No.: _____
Traveler's Name: _____	Banner ID #: _____
Mailing Address: _____	Apt/Unit: _____ City: _____
State: _____ Zip: _____	Department Name: _____
Travel Destination: _____ (City & State)	Dates of Travel: _____
Conference Name: _____	Purpose of Trip: _____

[illegible]

Grand Total:

(Please attach original itemized receipts)

Index #	Fund #	Organization #	Account #	Program #	Approved Amount \$

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head / Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Grants: \_\_\_\_\_ Date: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Date: \_\_\_\_\_