



UNIVERSITY OF DALLAS

1845 East Northgate Drive

Irving, TX 75062-4799

PER DIEM REQUEST VOUCHER

Traveler	
UD ID#	
Address	

Disposition of Check

Date(s), Destination(s), Purpose of Travel

Traveler:	Budget Supervisor (Required):	Date
Signature	Signature	
Printed Name	Printed Name	

Budget Supervisor's Certification: I certify that the information provided on this request is accurate and reflects the Per Diem policies of the University of Dallas.

Business Office Use Only

Task	Initials	Date
Pay Date Assigned by:		
Vendor # Assigned by:		
Audited By:		
Fund/Org/Acct reviewed by (if applicable):		
Keyed by:		
Approved by:		

Invoice Number

Invoice Date

Vendor #

Pay Date

Banner Invoice #