



PER DIEM REQUEST VOUCHER

Traveler	
UD ID#	
Address	

Disposition of Check

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

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

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 #	