

**CONFERENCE TRAVEL EXPENSE VOUCHER
NOTRE DAME DE NAMUR UNIVERSITY**

Name: _____ Date: _____

Faculty #: _____ Department: _____

Faculty Home Address:

Conference: _____

Location: _____

Dates: Departed: _____ Returned: _____

Paper Presentation Title (if applicable):

Transportation: _____ \$ _____

Lodging: _____ \$ _____

Convention Fees: _____ \$ _____

Meals: _____ \$ _____

Total Expense by Traveler: _____

*******Don't Forget to Attach Your Receipts!*******

Signature: _____

Faculty Development Chair: _____

Faculty Treasurer Signature: _____