

Northern Illinois University

Employee Travel Voucher

*Check One:

NIU

☒

FDN

☐

Voucher No:

129306

Employee Name as it appears in Human Resources - *REQUIRED FIELDS

*Last Name

*First Name and Middle Name or Initial

Walters -

Ronald Lee -

*Employee ID

*Department Name

Office of the President

A/P Use Only:

Vendor No.
Initials

88776 8-7-13

Date

Details of Travel (one trip per form - see instructions)

*DATES OF TRAVEL mm/dd/yyyy	*PLACES TRAVELED & TIME				Meals	Lodging	Personal Auto Reimbursement		Airfare	Auto Rental, Cab, Fax, Phone, Tolls, Other	
	From (City, State)	To (City, State)	Code	Time AM/PM			Miles	Rate		Type	Amount
06/23/2013	Seattle, WA	DeKalb, IL	D	10AM	\$24.00			0.565	-	Rental car	710.20
06/24/2013								0.565	-		
06/25/2013								0.565	-		
06/26/2013								0.565	-		
06/27/2013					\$19.00			0.565	-		
06/28/2013	DeKalb, IL	Seattle, WA	R	6:30PM	\$25.50			0.565	-		
								0.565	-		
								0.565	-		
Grand Total of Columns		\$ 1,547.50	Column Totals		\$ 68.50	\$ -	-	\$ -	\$ 768.80		\$ 710.20

*Business Purpose of Travel

Consultant interviews with key administrators and board members to facilitate establishing external task forces per President Baker's initiative. No lodging needed, as he stayed at HSC. No per diem needed 6/24-6/26/13 all meals provided. 6/27/13 breakfast & lunch were provided and 6/28/13 breakfast was provided. No mileage needed.

I certify that the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof, for any part of the journey therein charged for. If I have claimed reimbursement for the use of my private vehicle, I certify that I am a licensed driver and that I have in force the vehicle liability, bodily injury and property insurance coverage required by law. Also, I certify that I have reduced my per diem for any meals that were included in the registration fees provided free of charge.

*Traveler's Signature

*Date

7/19/13

*Phone Number

(205) 218-8563

E-mail Address

rwalters@niu.edu

Authorization of Payment

*Funding Distribution

Amount	Account	Fund	Cost Center	Program	Class	Project/Grant	Travel Advance (advance amount received if applicable)
\$1,547.50				N/A	06E		
1,547.50	Total Payment						

*Approved by

*Date

7/23/13

(Authorized Signature)

Consultant (PS)
Interview

Northern Illinois University

*Check One:

NIU

☒

FDN

Voucher No.:

129233

Employee Travel Voucher

Employee Name as it appears in Human Resources - *REQUIRED FIELDS

*Last Name

*First Name and Middle Name or Initial

Walters

Ronald Lee

*Employee ID

*Department Name

[REDACTED]

Office of the President

FY14

A/P Use Only:

Vendor No.
Initials

88776 7-25-13

Date

Details of Travel (one trip per form - see instructions)

*DATES OF TRAVEL mm/dd/yyyy	*PLACES TRAVELED & TIME				Meals	Lodging	Personal Auto Reimbursement			Airfare	Auto Rental, Cab, Fax, Phone, Tolls, Other	
	From (City, State)	To (City, State)	Code	Time AM/PM			Miles	Rate	Amount		Type	Amount
07/10/2013	Seattle, WA	DeKalb, IL	D	5AM	- \$32.00		108.0	0.565	61.02	\$836.80	Rental car	- 531.02
07/11/2013					- \$32.00			0.565	-		airport parking	- 76.92
07/12/2013					- \$32.00			0.565	-			
07/13/2013					- \$32.00			0.565	-			
07/14/2013	DeKalb, IL	Seattle, WA	R	4PM	- \$24.00		108.0	0.565	61.02			
								0.565	-			
								0.565	-			
								0.565	-			
Grand Total of Columns		\$ 1,718.78	Column Totals		\$ - 152.00	\$ -	216	\$ - 122.04	\$ - 836.80			\$ - 607.94

*Business Purpose of Travel

Consultant interviews with key administrators and board members to facilitate establishing external task forces per President Baker's initiative. No lodging needed, as he stayed at HSC. No meals were provided.

I certify that the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof, for any part of the journey therein charged for. If I have claimed reimbursement for the use of my private vehicle, I certify that I am a licensed driver and that I have in force the vehicle liability, bodily injury and property insurance coverage required by law. Also, I certify that I have reduced my per diem for any meals that were included in the [REDACTED] charge.

*Traveler's Signature

*Date

7/19/13

*Phone Number

(206) 216-8553

E-mail Address

rwalters@niu.edu

Authorization of Payment

*Funding Distribution							Travel Advance (advance amount received if applicable)
Amount	Account	Fund	Cost Center	Program	Class	Project/Grant	
- \$1,718.78				N/A	06E		
1,718.78	Total Payment						

* Approved by

(Authorized Signature)

*Date

7/23/13

OK

Consultant interview

Employee Travel Voucher

FDN

STANDARD FORM

129507

Employee Name as it appears in Human Resources - *REQUIRED FIELDS

*Last Name: Walters
 *First Name and Middle Name or Initial: Ronald Lee
 *Employee ID: [Redacted]
 *Department Name: Office of the President

A/P Use Only:
 Vendor No. 980776
 Initials: [Redacted] Date: [Redacted]

Details of Travel (one trip per form - see instructions)

DATES OF TRAVEL mm/dd/yyyy	PLACES TRAVELED & TIME				Meals	Lodging	Personal Auto Reimbursement			Airfare	Auto Rental, Cab, Fax, Phone, Tolls, Other	
	From (City, State)	To (City, State)	Code	Time AM/PM			Miles	Rate	Amount		Type	Amount
07/27/2013	Seattle, WA		D	1:30PM	\$16.00			0.565	-	\$836.80	Rental car	724.83
07/29/2013	Seattle, WA	DeKalb, IL	D	6:30AM	\$24.00		108.0	0.565	61.02		Airport parking	91.10
07/29/2013					\$6.50			0.565	-			
07/30/2013					\$13.00			0.565	-			
07/31/2013					\$32.00			0.565	-			
08/01/2013					\$32.00			0.565	-			
08/02/2013					\$19.00			0.565	-			
08/03/2013	DeKalb, IL	Seattle, WA	R	10:30AM	\$16.00		108.0	0.565	61.02			
Grand Total of Columns		\$ 1,117.34	Column Totals		\$ -158.50	\$ -	216	\$ -122.04	\$ -836.80			\$815.93

*Business Purpose of Travel

Consultant interviews with key administrators and board members to facilitate establishing external task forces per President Baker's initiative. No lodging needed, as he stayed with a friend on 7/27/13 and then he stayed at HSC. His flight arrives in Seattle, WA on 8/2/13 at 10:06PM PT and because it was so late he stayed overnight then drove home on 8/3/13.

I certify that the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof, for any part of the journey therein charged for. If I have claimed reimbursement for the use of my private vehicle, I certify that I am a licensed driver and that I have in force the vehicle liability, bodily injury and property insurance coverage required by law. Also, I certify that I have reduced my per diem for any meals that were included in the registration fee or provided free of charge.

*Traveler's Signature: [Redacted] *Date: 8/5/13
 *Phone Number: (206) 218-8563 E-mail Address: rwalters@niu.edu

Authorization of Payment

*Funding Distribution							Travel Advance (advance amount received if applicable)
Amount	Account	Fund	Cost Center	Program	Class	Project/Grant	
\$1,933.27				N/A	06E		
\$1,933.27	Total Payment						

*Approved by: [Redacted] *Date: 8/13/13
 (Authorized Signature)

Consultant interviews

Northern Illinois University
Employee Travel Voucher

*Check One: NIU ☒ FDN ☐

Voucher No: 130124

Employee Name as it appears in Human Resources - *REQUIRED FIELDS

*Last Name: Walters
*First Name and Middle Name or Initial: Ronald Lee
*Employee ID: [REDACTED]
*Department Name: Office of the President

A/P Use Only:
Vendor No. Initials: 88776
Date:

Details of Travel (one trip per form - see instructions)

DATES OF TRAVEL mm/dd/yyyy	PLACES TRAVELED & TIME				Meals	Lodging	Personal Auto Reimbursement			Airfare	Auto Rental, Cab, Fax, Phone, Tolls, Other	
	From (City, State)	To (City, State)	Code	Time AM/PM			Miles	Rate	Amount		Type	Amount
08/13/2013	Seattle, WA	DeKalb, IL	D	8:30AM	\$24.00		108.0	0.565	61.02	690.80	Rental car	366.59
08/14/2013					\$13.00			0.565	-		Airport parking	62.74
08/15/2013					\$6.50			0.565	-			
08/16/2013	DeKalb, IL	Seattle, WA	R	10:00PM	\$32.00		108.0	0.565	61.02			
								0.565	-			
								0.565	-			
								0.565	-			
								0.565	-			
Grand Total of Columns		\$ 1,317.67	Column Totals		\$ 75.50	\$ -	216	\$ -	122.04	\$690.80		\$ - 429.33

*Business Purpose of Travel

Follow up from External Task Forces workshop with Deans and Board of Trustees. Continuing Consultant interviews and workshops to facilitate President Baker's initiatives. No lodging as he stayed at HSC, no meals were provided on 8/13 & 8/16/13, but 8/14/13 dinner was provided and 8/15/13 lunch & dinner were provided.

I certify that the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof, for any part of the journey therein charged for. If I have claimed reimbursement for the use of my private vehicle, I certify that I am a licensed driver and that I have in force the vehicle liability, bodily injury and property insurance coverage required by law. Also, I certify that I have reduced my per diem for any meals that were included in the reimbursement fee or provided free-of-charge.

*Traveler's Signature: [REDACTED] *Date: 8/22/13
*Phone Number: (208) 218-8563 E-mail Address: rwalters@niu.edu

Authorization of Payment

*Funding Distribution						Travel Advance	
Amount	Account	Fund	Cost Center	Program	Class	Project/Grant	(advance amount received if applicable)
\$1,317.67				N/A	06E		
\$1,317.67	Total Payment						

*Approved by: [REDACTED] *Date: 8/22/13
(Authorized Signature)

NIU ACCOUNTING OFFICE

2013 AUG 26 PM 2:23

Consultant interview

RH

Northern Illinois University
Employee Travel Voucher

*Check One: ☒ NIU ☐ FDN ☐ X

Voucher No: 130125

Employee Name as it appears in Human Resources - *REQUIRED FIELDS

*Last Name: Walters
*First Name and Middle Name or Initial: Ronald Lee

*Employee ID: [REDACTED]
*Department Name: Office of the President

A/P Use Only:
Vendor No. 8874
Initials: [REDACTED] Date: [REDACTED]

Details of Travel (one trip per form - see instructions)

*DATES OF TRAVEL	*PLACES TRAVELED & TIME					Meals	Lodging	Personal Auto Reimbursement			Airfare	Auto Rental, Cab, Fax, Phone, Tolls, Other	
mm/dd/yyyy	From (City, State)	To (City, State)	Code	Time AM/PM				Miles	Rate	Amount	Amount	Type	Amount
08/21/2013	Seattle, WA	DeKalb, IL	D	6:30AM	-	\$24.00		108.0	0.565	61.02	\$894.80	Rental car	498.37
08/22/2013					-	\$13.00			0.565	-		Airport parking	105.28
08/23/2013					-	\$25.50			0.565	-			
08/24/2013					-	\$32.00		108.0	0.565	61.02			
08/25/2013					-	\$13.00			0.565	-			
08/26/2013					-	\$13.00			0.565	-			
08/27/2013					-	\$32.00			0.565	-			
08/28/2013	DeKalb, IL	Seattle, WA	R	10:30AM	-	\$16.00			0.565	-			
Grand Total of Columns		\$ 1,788.99	Column Totals		\$ -	168.50	\$ -	216	\$ -	122.04	\$ 894.80		\$ 603.65

*Business Purpose of Travel

Follow up from External Task Forces workshop with Deans and Board of Trustees. Continuing Consultant interviews and workshops to facilitate President Baker's initiatives. No lodging as he stayed at HSC, August 21st, 24th, 27th, and 28th NO meals were provided, but August 22nd, 25th, and 26th dinner was provided and on August 23rd lunch was provided. No lodging was needed on 8/27/13 as he stayed w/friend due to his flight arriving home so late.

I certify that the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof, for any part of the journey therein charged for. If I have claimed reimbursement for the use of my private vehicle, I certify that I am a licensed driver and that I have in force the vehicle liability, bodily injury and property insurance coverage required by law. Also, I certify that I have reduced my per diem for any meals that were included in the registration fee provided free of charge.

*Traveler's Signature: [REDACTED] *Date: 9/4/13
*Phone Number: (208) 218-8563 E-mail Address: rwalters@niu.edu

Authorization of Payment

*Funding Distribution							Travel Advance (advance amount received if applicable)
Amount	Account	Fund	Cost Center	Program	Class	Project/Grant	
\$1,788.99				N/A	06E		
1,788.99	Total Payment						

*Approved by: [REDACTED] *Date: 9/15/13
(Authorized Signature)

Interviews, workshops

ACCOUNTING OFFICE
NIU

2013 SEP 16 AM 8:52

OK

Northern Illinois University
Employee Travel Voucher

*Check One: NIU ☒ FDN ☐

Voucher No: 130126

Employee Name as it appears in Human Resources - *REQUIRED FIELDS

*Last Name: Walters
*First Name and Middle Name or Initial: Ronald Lee
*Employee ID: [REDACTED]
*Department Name: Office of the President

A/P Use Only:
Vendor No. 88776
Initials: [REDACTED]
Date: [REDACTED]

Details of Travel (one trip per form - see instructions)

*DATES OF TRAVEL mm/dd/yyyy	*PLACES TRAVELED & TIME				Meals	Lodging	Personal Auto Reimbursement			Airfare	Auto Rental, Cab, Fax, Phone, Tolls, Other	
	From (City, State)	To (City, State)	Code	Time AM/PM			Miles	Rate	Amount		Type	Amount
09/02/2013	Seattle, WA	DeKalb, IL	D	6AM	\$24.00		108.0	0.565	61.02	\$478.80	Rental car	\$404.80
09/03/2013					\$32.00			0.565	-		Uber car service	\$50.00
09/04/2013					\$13.00			0.565	-		Uber car service	\$50.00
09/05/2013					\$13.00		108.0	0.565	61.02			
09/06/2013					\$25.50			0.565	-			
09/07/2013					\$32.00			0.565	-			
09/08/2013					\$32.00			0.565	-			
09/09/2013					\$32.00			0.565	-			
09/10/2013					\$13.00			0.565	-			
09/11/2013					\$25.50			0.565	-			
09/12/2013	DeKalb, IL	Seattle, WA	R	6:30PM	\$32.00			0.565	-			
Grand Total of Columns		\$1,379.64	Column Totals		\$ 274.00	\$ -	216		\$ 122.04	\$ 478.80		\$ 504.80

*Business Purpose of Travel

Follow up from External Task Forces workshop with Deans and Board of Trustees. Continuing Consultant interviews and workshops to facilitate President Baker's initiatives. No lodging as he stayed at HSC. No meals provided 9/2, 9/3, 9/7, 9/8, 9/9, and 9/12/13. Lunch only was provided on 9/6 & 9/11/13 and dinner only was provided 9/4, 9/5, and 9/10/13.

I certify that the above amount is correct and just; that the detailed items charged within are taken and verified from a memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof, for any part of the journey therein charged for. If I have claimed reimbursement for the use of my private vehicle, I certify that I am a licensed driver and that I have in force the vehicle liability, bodily injury and property insurance coverage required by law. Also, I certify that I have reduced my per diem for any meals that were included in the certification fee or provided free of charge.

*Traveler's Signature: [REDACTED]
*Date: 9/11/13
*Phone Number: (208) 218-8563
*E-mail Address: rwalters@niu.edu

Authorization of Payment

*Funding Distribution						Travel Advance (advance amount received if applicable)	
Amount	Account	Fund	Cost Center	Program	Class	Project/Grant	
\$1,379.64				N/A	08E		
\$1,379.64	Total Payment						

*Approved by: [REDACTED]
*Date: 9/12/13