_	Illinois Universit	y		8-10-50	*CI	neck One:	NIU / :	x 1				Voucher I	un I			
Employ	ee Travel Vouc	cher					FDN	7				***************************************	1	1950		1
Employee	Name as it appear	rs in H	uman Resources - *I	REQUIRED	FIELDS									-1.72.14	0	
*Last Name			*First Name and	Middle Nam	e or Initial						A/P Use Only:					_
Walters -			Ronald Lee ·								Vendor No.	88	776	8	-7-1	3
*Employee	The second secon	The second second	nent Name			-					Initials			Da	te	
		Office o	of the President												-	
	Travel (one trip pe	er form	- see instructions)											the state of the s		
*DATES OF TRAVEL		*PLA	CES TRAVELED & T	IME		Meals	Lodging		Person. Reimbur		Airfare	Auto Renta	al, Cab, Fa	x, Phone,	Tolis,	Other
mm/dd/yyyy	From (City, State))	To (City, State)	Code	Time AMPM			Miles	Rate	Amount	Amount		Type		Ag	ount
06/23/2013	Seattle, WA		DeKalb, IL	D	10AM	* \$24.00			0.565	-	~\$768.80	Rental car				710.2
06/24/2013									0.565	-						730
06/25/2013									0.565							
06/26/2013									0.565	-	1	1		- Appropri		** ****
06/27/2013						- \$19.00		1	0,565							
06/28/2013	DeKalb, IL		Seattle, WA	R	6:30PM	- \$25.50			0.565							THE STATE OF THE STATE OF
									0.565					$\neg \uparrow$		
									0.565	-					-	
Grand Tota	I of Columns	\$	1,547,50	Colu	ımn Totals	\$ 68.50	s .		1		\$ 768.80				s	710.20
Consultant	Purpose of Trave interviews with key ac neals provided. 6/27/	dministra	ators and board member kfast & lunch were pro-	ers to facilita	ite establishing 28/13 breakfa	external task for st was provided. I	rces per Pres	ident Ba	ker's initi	ative. No lodgi	ng needed, as h	e stayed at HS	SC. No per	diem nee	ded 6/	24-
Consultant in B/26/13 all in I certify that expenses with the custo private vehind meals that in Traveler's *Traveler's *Phone Nur	interviews with key ac neals provided. 6/27/ the above amount is ere occasioned by of mary reasonable mai cle, I certify that I am were included in the re- Signature inber (206) 2:	dministra /13 brea s correct fficial bu nner, an a licens registrati	ators and board member kfast & lunch were proving t and just; that the deta isiness or unavoidable and that I have not been sed driver and that) had ion feesor provided free	ited items of delays, requirements with furnished with ve in force the of charge.	28/13 breaktar harged within a iring my stay a	are taken and verified to the till the	ified from a me specified;	nemoran	ndum kep	t by me; that t	he amounts cha	rged for subsit	stence wer	e actually roule us	paid, a	and the aveled,
Consultant in 8/26/13 all in 8/26/13 all in 11 certify that expenses with the custo private vehinded that in 11 certify that in	the above amount is ere occasioned by of mary reasonable maide, I certify that I am were included in the resignature into of Payment Distribution	dministra /13 brea s correct s correct fficial bu nner; an a a licens registrati	ators and board member is and post of the detail and just; that the details in each of the details in each of the details in each of the detail that I have not been sed driver and that I have not been sed driver and that I have not been sed driver and that I have not feezer of ovided. It each of the detail in the each of the details and the each of the eac	wheel and 87, ited items of delays, requirements of charge.	harged within a ring my stay a th transportation when the vehicle liab	are taken and verified to the till the	ified from a me specified;	nemoran	ndum kep erformed rt of the jo ce covera	It by me; that the journey will burney therein toge required by	he amounts cha	rged for subsit	stence wer	e actually roule us	paid, a	and the aveled,
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Employ	Illinois Unive ee T ravel V	-			*Ci	neck One:	NIU 2					Voucher No:		7
Automotive From		-	uman Resources - *RE	QUIRED	FIELDS		FDN					1/29	10	5
*Last Name			*First Name and Mi	ddle Nam	e or Initial	_					AIP Use Only			
Nalters			Ronald Lee			7 /	FY	7 .00			htmada. Na	88776 -	1-2	513
*Employee	ID	*Departri	nent Name					7	A		Vendor No. Initial		Date	
		Office of	of the President				40							
Details of	ravel (one tri	p per form	- see instructions)						_					
DATES OF		*PLA	CES TRAVELED & TIM	Ε		Meals	1 - 4 -		Persona		Airfare	Auto Rental, Cab, Fax, Pho	ne Tr	ils Other
nm/da/yyyy	From (City,	State)	To (City, State)	Code	Time AM/PM	99/E-435	Lodging	Miles	Reimbur	Sement	Amount	Type	1	Amount
77/10/2013	Seattle, WA		DeKalb, IL	D	5AM	- \$32.00		108.0	0.565	61.02	. \$836.80	Rental car	+	- 531.0
7/11/2013						_ \$32.00			0.565	-		airport parking	+	, 76.9
7/12/2013		1				- \$32.00			0.565				1	
07/13/2013						- \$32.00			0.565	-			1	
07/14/2013	DeKalb, IL		Seattle, WA	R	4PM	- \$24.00		108.0	0.565	61.02			1	
									0.565				1	
									0.565	-			1	
									0.565	-			1	
Consultant i	Purpose of To nterviews with ke	ravel ey administr	ators and board members	to facilita	te establishing	external task for	rces per Pres	ident Ba	ker's initia	tive. No lodging	needed, as h	e stayed at HSC. No meals we	re pro	ided
certify that expenses we the custo private venimeals that vertically the custo private venimeals that vertically the customeals the customeals that vertically the customeals that vertically the customeals the customeals the customeals that vertically the customeals the c	the above amousere occasioned in any reasonable cle, i certify that were included in signature	unt is correct by official bu e manner; ar I am a licen ti	t and just: that the detaile usiness or unavoidable det ad that I have not been fun sed driver and that I have	d items of lays, requinished with in force the charge. *Date	narged within a ring my stay a th transportation we webicle liab	are taken and we the thotels for the ti on or money in lie lity, bodily injury	rified from a n	nemoran that I pe any par insuranc	dum kept erformed t t of the jou ce coverage	by me; that the	amounts cha all practicable larged for. If I aw. Also, I cer	the stayed at HSC. No meals we stayed for subsistence were actudispatch, by the shortest route have claimed reimbursement in the stay of t	ally pa	id, and the

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*Last Name	nears in Hi	uman Resource	s - *RFOI	IIRFD	FIFLDS							1 129	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*First Name									A/P Use Only:		
Valters		Ronald Le	e								Vendor No.	90776	
*Employee ID	*Departm	ent Name			STONE - LONG SOLE						Initial:		Date
No.	Office o	of the President	t			7					U.S.		
etails of Travel (one tri	per form	- see instructio	ins)	-									
DATES OF	*PLAC	CES TRAVELED	& TIME						Personal	100000000000000000000000000000000000000	Airfare	Auto Rental, Cab, Fax, P	hone Tolls Oth
TRAVEL From (City.	Cistal	To (City, S	itatel	Code	Time AMPM	Meals	Lodging	Miles	Reimburs Rate	ement Amount	Amount	Type	Amount
7/27/2013 Seattle, WA	neve	1	1000	D	1:30PM	- \$16.00		7	0.565	77 -	- \$836.80	Rental car	-724.83
7/28/2013 Seattle, WA		DeKalb, IL		D	6:30AM	- \$24.00		108.0	0.565	61.02		Airport parking	91.10
7/29/2013						- \$6.50			0.565	-			72.20
7/30/2013						- \$13.00			0.565	-			
7/31/2013			cluse trestered			- \$32.00			0.565	-			
8/01/2013						~ \$32.00			0.565	-			
08/02/2013		T				~ \$19.00			0.565	,			
8/03/2013 DeKalb, IL		Seattle, WA	100 100	R	10:30AM	- \$16.00		108.0	0.565	61,02			
rand Total of Columns	S	1,117.34		Colu	mn Totals	\$ -158.50	S -	216	S	- 122 04	\$ - 836.80		\$815.9
ivale vehicle, I certify that eals that were included in	I am a licens	sed driver and tha	at I have in t	force th	ne vehicle liabi	ity, bodily injury	and property	insuran	ce coverag	e required by I	w. Also, I cer	have claimed reimbursementify that I have reduced my p	יום שכם שונון וכו וי
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process and the same of the sa				'Date_	8/5	/13							er diem for any
Phone Number (20	6) 218-8563	E-maii Addi	Maria Property		8/5 alte/s@niv/ed	/13							er diem for any
Phone Number (20 Authorization of Payme		E-maii Addı	Maria Property		8/5 altefs@niu/ed	/13	_	+					er diem for any
Phone Number (20	nt	E-maii Addr	Maria Property			13 u Project/Grant	—-Г	+		i Advance received il applicat	del		er diem for any
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Employ	ee Travel Ve	oucher						FDN					0.80 may 4.80 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90 (18.90	130124	
Employee	Name as it app	pears in H	uman Resourc	es - *REQ	UIRED	FIELDS								10101	
*Last Name	9		*First Nan	ne and Midd	die Nam	ne or Initial						A/P Use Only	:		
Walters -			Ronald L	ee ·								Vendor No.	88776		
*Employee	1D	1	nent Name									Initial		Date	
		Office of	of the Presider	nt .								Biologica and Control			
	Travel (one trip	per form	- see instructi	ions)											
DATES OF TRAVEL		*PLA	CES TRAVELE		Meals	Lodging	a	Persona Reimburs		Airfare	Auto Rental, Cat), Fax, Phone, 1	olls, Other		
mm/dd/yyyy	-	State)	To (City,	State)	Code	s Time AM/PM	1		Miles	Rate	Amount	· Amount	Type		Amount
08/13/2013	Seattle, WA		DeKalb, IL		D	6:30AM	- \$24.00		108.0	* 0.565	61.02	690.80 -	Rental car		~ 366.5
08/14/2013							- \$13.00			0.565			Airport parking		62.7
08/15/2013							- \$6.50			0.565	-				
08/16/2013	DeKalb, IL	1	Seattle, WA		R	10:00PM	. \$32.00		108.0	0.565	61.02	3			1000000
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Grand Tota	d of Columns		,317.67			umn Totals	\$ - 75.50	s -	216	\$	- 122.04	\$690.80	+	s	- 429.3
in the custo private vehi	mary reasonable cle, I certify that were included in the Signature	manner; an am a licen	is inless or unavoid that I have not sed driver and the foot foot or orquid	t been furni nat I have in ed free of c	ys, requished with force to harge.	inng my stay :	at notels for the ton-or money in to inline, bodily injury	me specific	ed; that I p	erformed the	ne journey with	all practicable	rged for subsistence dispatch, by the sho have claimed reimb tify that I have reduc	rtest route usua	illy traveled
	tion of Paymen	/	L-iliali Auc	11699	1 90	ealicia@intrat	nu]								
	Distribution	15						1		T	144				
Amount	Account	Fund	Cost Center	Program	Clas		Project/Grant		(adv		Advance received if applies	tie)			
1.317.	67			N/A	06	E									
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\$1,317	. 67 Total Payri	nent											JEF1CE	NIN OUNTING	
* Approved		(3****			*Date	6/22/	1/3						EZ:Z	16 26 PM	IA EIOS
	(Authorized	angitature)	,			e#n 21					N		Consult	ant int	enven

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Northern Illinois Un					*Checl	k One:	NIU	X				Voucher No:	17/20	
Employee Travel Employee Name as it	THE RESERVE OF THE PARTY OF THE	Juman Pasausas	on *PEOUID	EN CIEL N	e		FDN						13012	5
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Valters		Ronald Le		DONAL OF HAME	al T	1						0100		Total Commence
*Employee ID	*Depart	ment Name									Vendor No.	3074	Δ.	ate
		of the Presiden	nt								Limpan		Di	ne l
etails of Travel (one	trip per form	n - see instructio	ons)			I								
DATES OF		ACES TRAVELE			T			T	Personal Auto			Auto Rental, Ca	h Fay Ohono	Talle Other
TRAVEL From (0	licy, State)	To (City. 3		Code Time A	2.5/204	Meals	Lodging	Miles	Reimburs Rate	ement Anoun	Airfare	1	o, rax, rnone	
8/21/2013 Seattle, WA	13, 012(0)	DeKalb, IL	And the last of th	D 6:30AN	WATER CO., SALES OF THE PARTY O	- \$24.00	-	108.0	°0.565	61.02	\$894.80	Type Rental car		Amount 498.37
08/22/2013	- Installation					- \$13.00	***************************************	1	0.565	-		Airport parking		. 105.28
8/23/2013					1	- \$25.50		1	0.565	-				, 100.20
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08/25/2013						- \$13.00	THE RESERVE		0.565	-				
08/26/2013						- \$13.00			0.565		- William Company	 		
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08/28/2013 DeKalb, IL		Seattle, WA		R 10:30A	M	\$16.00		1	0.565			1		1.70
Grand Total of Columns	s	1,788.99		olumn Tot	ala C	- 168.50	s -	216	S	- 122.04	\$ 894.80			S 603.65
of the customary reasons rivate vehicle, I certify the als that were included Traveler's Signature	nat I am a lice	psed driver and the	at I have in lord	te the vehic	le liability,	, bodity injury	and proper	y insuran	ce coverag	e required by l	aw. Also, I cer	tify that I have redu	ced my per di	em for any
Authorization of Payr				7	7000									
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1,788.99 Total P	aymen.			11-						JOI SEFICE	114			
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	zed Signature)	*Da	4//_	<u>5 /</u>							C 8: 25	91 das	2013

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Northern I	Illinois Unive	rsity	105-27-2-3-257-2-3		*CI	eck One:	NIU 3	(Voucher No:	Т	
Employe	e Travel V	oucher					FDN	Ħ				333337,7337	1301	126
Employee	Name as it ap	pears in l	luman Resources -	REQUIRED	FIELDS								12/10/2	127
*Last Name			*First Name and	Middle Nam	e or Initial						A/P Use Only:			
Walters			Ronald Lee								Vendor No.	EV776	,	
*Employee I	D	*Depart	ment Name								Initials			Date
		Office	of the President	37.00							-			The state of the s
Details of 7	ravel (one tri	per forn	- see instructions)											
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mm/dd/yyyy	From (City,	State)	To (City, State)	Code	-			Miles	Rate	Amount	Amount	Тура	B	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	The same of the sa					\$32.00			0.565			Uber car	service	\$50.00
09/04/2013						\$13.00			0.565	-		Uber car		\$50.00
09/05/2013						\$13.00		108.0	0.565	61,02				
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09/12/2013	DeKalb, fL		Seattle, WA	R	6:30PM	\$32.00			0.565	-		 	S	-
Grand Total	l of Columns	\$1	,379.64	Colu	unn Totals	\$ 274.00	s -	216	s	122.04	\$ 478.80			\$ 502 RA
*Punings	Description of T		,3/9.04			1		1 2/2		122.09	4 470.00	1	-31	\$ 504.80
Follow up fro	Purpose of To om External Tas	k Forces w	orkshop with Deans an	d Board of Tri	ustees. Contin	uing Consultant i	nterviews an	d worksh	ons to fac	cilitate President	Raker's initiat	ives. Ala larigina a	e Na et Sund a	t USC No monte
provided 9/2	2, 9/3, 9/7, 9/8, 9	/9, and 9/1	2/13. Lunch only was p	rovided on 9/	6 & 9/11/13 ar	nd dirnner only wa	s provided 9/	4, 9/5, a	nd 9/10/1	3.	Dunior o minus			Q . No means
		VIII											7 3	b
I centify that	the above amou	int is corre	ct and just; that the decusiness or unavoidable	ailed items d	harged within a	are taken and ver	rified from a r	nemorar	dum kept	t by me; that the	amounts cha	rged for subsisted	ce were actua	My paid, and the
in the custon	ere occasioned i mary reasonable	by official b manner: a	usiness or unavoidable and that I have not been	delays, requ	iring my stay a th transnortatio	t hotels for the til	me specified;	that I po	erformed t	the journey with	all practicable	dispatch, by the si	hortest roote i	usually traveled,
Dilagie actie	DIE, I CEILIY HISL	e ann a nice	nseo onwer and mai i n	ave in locce o	ne vehicle liab	lity, bodily injury	and property	insurani	ce covera	ge required by b	anged for, in i aw. Also, I cen	nave claimed rein tify that I have red	uced my ber	if the use of my diem for any
meals that w	vere included in	ha redictro	tion to a provided tro	of charge.	1	j				. , ,	,	,	accounty por c	and it is tarry
"Traveler's S	Signature			*Date	9/1	1,3								
*Phone Num	- processor	6) 218-856	3 / E-mail Address	The same of the sa	alters@niu.ed									
	ion of Paymer	n			11									
Amount	Account	Fund	Cost Cooles Pro	gram Cian	19	Project/Grant		tadus		el Advance I received if applicat	alen			
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\$1,379.	64 Total Payr	nent												
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		A-America)									,	12/		
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