



# TRAVEL EXPENSE REIMBURSEMENT REQUEST

Please fill out and submit to Office of Finance and Business - Room E413

## TRAVELER INFORMATION

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

## EVENT INFORMATION

CONFERENCE/WORKSHOP NAME \_\_\_\_\_

PURPOSE \_\_\_\_\_

## TRAVEL INFORMATION

	<u>LOCATION</u>	<u>DATE</u>	<u>TIME</u>
DEPARTED	Home	_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
ARRIVED	_____	_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
DEPARTED	_____	_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
RETURNED	Home	_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

## EXPENSES PRE-PAID BY THE COLLEGE

TRANSPORTATION (air/rail) \$ \_\_\_\_\_ LODGING \$ \_\_\_\_\_ REGISTRATION FEES \$ \_\_\_\_\_

## TRAVELER EXPENSES - See reverse side for Travel Reimbursement Regulations

AIR/RAILROAD/BUS FARE \$ \_\_\_\_\_

PERSONAL VEHICLE COST (Attach Personal Vehicle Record Form) \$ \_\_\_\_\_

HOTEL/LODGING Daily Rate \$ \_\_\_\_\_

MEALS (Do NOT attach receipts; Meals reimbursed at per diem rate) \$ \_\_\_\_\_

TAXIS, TRANSFERS, TOLLS, MASS TRANSIT \$ \_\_\_\_\_

REGISTRATION FEE \$ \_\_\_\_\_

TIPS: BELLHOP \_\_\_\_\_ MAID \_\_\_\_\_ SKYCAP \_\_\_\_\_ \$ \_\_\_\_\_

TELEPHONE \$ \_\_\_\_\_

OTHER EXPENSE \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL TRAVEL EXPENSE** \$ \_\_\_\_\_

*LESS CASH ADVANCE or DEPARTMENT DEDUCTION* (\$ \_\_\_\_\_)

**APPROVED REIMBURSEMENT AMOUNT** \$ \_\_\_\_\_

## CERTIFICATION

I hereby certify that this accounting is an accurate statement of my actual disbursements, that the expenditures were necessary in the performance of my official City duties; that no part thereof has been paid to me, or on my behalf except as stated hereon, And that the balance shown is a true statement of the amount due.

**TRAVELER CERTIFICATION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**AUTHORIZATION** \_\_\_\_\_ **DATE** \_\_\_\_\_

### Business Office Use Only:

Log # \_\_\_\_\_ Req # \_\_\_\_\_ PO # \_\_\_\_\_ PO # Date \_\_\_\_\_

Budget Code # \_\_\_\_\_ Approved By \_\_\_\_\_ Approval Date \_\_\_\_\_