

# Bates College - Travel Expense Report

Fund: \_\_\_\_\_

Org: \_\_\_\_\_

AP 1/1/09

Page \_\_\_\_ of \_\_\_\_

Traveler Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Circle appropriate description:

Address: \_\_\_\_\_

1 = Employee

2 = Student

3 = Volunteer

0 = Candidate

0 = Prospects/Counselors

**Business Purpose/Description of Trip:** \_\_\_\_\_

\* Attach original receipts, travel itinerary, and conference schedule/brochure.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	LESS: ADVANCES	Net Reimbursement
Dates									
Destination Location									
Private Vehicle Mileage									
Mileage Reimbursement (\$ .55/mile)	.	.	.	.	.	.	.	.	\$ .
Parking/Tolls	.	.	.	.	.	.	.	.	\$ .
Air Transportation	.	.	.	.	.	.	.	.	\$ .
Taxi/Subway/Train/Shuttle	.	.	.	.	.	.	.	.	\$ .
Rental Car	.	.	.	.	.	.	.	.	\$ .
Lodging	.	.	.	.	.	.	.	.	\$ .
Meals	.	.	.	.	.	.	.	.	\$ .
Conference Registration	.	.	.	.	.	.	.	.	\$ .
Other:	.	.	.	.	.	.	.	.	\$ .
	.	.	.	.	.	.	.	.	\$ .
Sub-Totals	.	.	.	.	.	.	.	.	\$ .

Other expenses paid or separately reimbursed by the College for this travel:			
Description	Date	Amount	Method of Payment
		.	
		.	

*I certify that the expenses included on this report are for authorized Bates College business and are unduplicated, true and correct and have not been/will not be reimbursed to me or paid for on my behalf by Bates College or any other source.*

Traveler Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approver Name (print): \_\_\_\_\_

Approver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Total Expenses</b> (this page):	\$ .
<b>Less: Total Advances</b> (this page):	\$ .
<b>Add: Total Expenses</b> (from prior pages):	\$ .
<b>Less: Total Advances</b> (from prior pages):	\$ .
<b>Add: Cash Returned</b> (Deposit Receipt # _____)	\$ .
<b>BALANCE REQUESTED:</b>	\$ .

For Office Use Only	
Cash Amount Reimbursed (limited to \$150):	_____
Receiver Name: _____	Date: _____
Receiver Signature: _____	Cashier: _____