

Bates College - Travel Expense Report

Fund: _____

Org: _____

Page ____ of ____

Traveler Name: _____

Telephone: _____

Circle appropriate description: AP 11/08

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	TOTAL (on last page only)
Dates								
Destination Location								
Private Vehicle Mileage								
Mileage Reimbursement (\$.505/mile) *	-	-	-	-	-	-	-	\$ -
Parking/Tolls								\$ -
Air Transportation *								\$ -
Taxi/Subway/Train/Shuttle								\$ -
Rental Car								\$ -
Lodging								\$ -
Meals								\$ -
Conference Registration								\$ -
Other:								\$ -
								\$ -
Sub-Totals	-	-	-	-	-	-	-	\$ -
								Total Expenses \$ -

* Post as separate commodities.

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.

LESS:	
Cash Advanced	_____
Airline Ticket Advanced	_____
Conference Registration Advanced	_____
ADD:	
Cash Returned (Deposit Receipt # _____)	-
Balance Requested	\$ -

Traveler Signature: _____

Date: _____

Approver Name (print): _____

Approver Signature: _____

Date: _____

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