# BARNARD COLLEGE
# TRAVEL EXPENSE REPORT

Voucher #_____

Journal Entry #_____

AR Invoice #_____

Cash Receipt #

Date:

Employee Name: _____

Trip From: _____ To: _____

Purpose: _____

Expenses (PLEASE ATTACH ALL RECEIPTS

Transportation:

| | | | |
|---|---|---|---|
| Air Fair | $_____ | Car Rental | $_____ |
| Rail/Bus | $_____ | Gas, Oil, Etc. | $_____ |
| Taxi | $_____ | Tolls | $_____ |
| | | Parking | $_____ |

Car Allowance _____ Miles @ $ Per Mile $

| | |
|---|---|
| Total Transportation | $_____ |
| Lodging | $_____ |
| Meals | $_____ |
| Tips | $_____ |
| Registration Fee | $_____ |
| Miscellaneous (specify | $_____ |
| Total Expenses | $_____ |
| Less Advance | $_____ |

Balance of Advance Returned to Barnard $_____

Balance Due Staff Member $_____

Department Account # to Be Charged

Signature of Staff Member _____ Date

Approved By _____ Date
Department Head

Approved By _____ Date
Divisional Vice President

All Travel Expenses Reports are to be returned directly to the Accounts Pay Supervisor in the Controller's Office, 15 Milbank Hall.