

KINGSBOROUGH COMMUNITY COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
OVERNIGHT/OUT-OF-TOWN TRAVEL REPORT

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME OF MEETING OR CONFERENCE: \_\_\_\_\_

LOCATION OF MEETING OR CONFERENCE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

LOCATION	DATE	TIME OF DEPARTURE	TIME OF ARRIVAL
START:			
RETURN:			

**DOCUMENTATION REQUIRED: ORIGINAL RECEIPTS AND/OR CANCELED CHECKS, AND CONFERENCE AGENDA MUST BE INCLUDED FOR ALL EXPENDITURES.**

**EMPLOYEE POST ATTENDANCE REPORT TO BE REPORTED ON THE BACK OF THIS FORM**

**TRANSPORTATION EXPENSE:**

PUBLIC TRANSPORTATION \* (Specify): \_\_\_\_\_ TAX ID # \* : \_\_\_\_\_ \$ \_\_\_\_\_  
 CAR RENTAL AGENCY NAME\* : \_\_\_\_\_ TAX ID # \* : \_\_\_\_\_ \$ \_\_\_\_\_

AUTO: Odometer END \_\_\_\_\_ START \_\_\_\_\_ TOTAL MILES: \_\_\_\_\_ \$ \_\_\_\_\_

TOLLS - ATTACH RECEIPTS \$ \_\_\_\_\_

LOCAL TRAVEL - (Specify): \_\_\_\_\_ \$ \_\_\_\_\_

\* IF PAYMENT TO A TRAVEL AGENCY GIVE NAME: \_\_\_\_\_ TAX ID # : \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL TRANSPORTATION EXPENSES: \_\_\_\_\_ (1) \$ \_\_\_\_\_

**ROOM AND BOARD (HOTEL TAX ID NUMBER: \_\_\_\_\_)**

DATES (Specify)									TOTAL
Hotel & Meals									
Hotel Only									
Breakfast									
Lunch									
Dinner									

TOTAL EXPENSES FOR ROOM AND BOARD: \_\_\_\_\_ (2) \$ \_\_\_\_\_

MISCELLANEOUS EXPENSES: INCIDENTALS @ \$5.00 / DAY \$ \_\_\_\_\_

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

OTHER: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MISCELLANEOUS EXPENDITURES: \_\_\_\_\_ (3) \$ \_\_\_\_\_

TOTAL EXPENDITURES: \_\_\_\_\_ (1) + (2) + (3) \$ \_\_\_\_\_

I hereby certify that the above account of expenditures is a true and correct statement of disbursements actually made by me; that the expenditures of the above sums were necessary in the performance of my duties; that no part thereof has been paid except as stated thereon, and that the balance therein stated is actually due and owing. Fraudulent bills or claims are punishable by law.

EMPLOYEE SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ For: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

(OVER)

## **EMPLOYEE POST ATTENDANCE REPORT**

(Per City of New York Comptroller's Internal Control and Accountability Directive #6)

A brief synopsis of the relevant subject matter covered at the training, education or professional conference must be submitted to the Agency Head of Designee within 14 business days of the employee's return and be available for Comptroller's audit. The synopsis should include, but not be limited to, a description of the benefits that will accrue to the agency because of attendance, the functional areas of the agency impacted, and any action taken or to be taken as a result of attendance. Additionally, the employee must ensure that relevant materials and/or a summary briefing of the information gained at the meeting shared with appropriate members of the agency's staff.

If necessary attach additional pages