

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

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

EMPLID NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME OF MEETING/CONFERENCE: \_\_\_\_\_

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

LOCATION (Address & Zip code)	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: \_\_\_\_\_ @\$0.52 per Mile \$ \_\_\_\_\_  
 TOLLS – ATTACH RECEIPTS \$ \_\_\_\_\_  
 LOCAL TRAVEL – (Specify): \_\_\_\_\_ \$ \_\_\_\_\_  
 \* IF PAYMENT TO A TRAVEL AGENCY GIVE NAME: \_\_\_\_\_ TAX ID #: \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL TRANSPORTATION EXPENSES: (1) \$ \_\_\_\_\_**

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

DATES (Specify)									TOTAL
Air-Fare / Train									
Hotel Only									
Breakfast									
Lunch									
Dinner									

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

**MISCELLANEOUS EXPENSE**

INCIDENTALS @ \$5.00/DAY \$ \_\_\_\_\_  
 REGISTRATION FEE: \$ \_\_\_\_\_  
 OTHER: \$ \_\_\_\_\_

**TOTAL MISCELLANEOUS EXPENSES: (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: \_\_\_\_\_  
 PROVOST SIGNATURE: \_\_\_\_\_ FOR: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

**(PLEASE FILL OUT BACK PORTION)**

