



# New Paltz

STATE UNIVERSITY OF NEW YORK

Office of Travel, Haggerty 302  
www.newpaltz.edu/travel

Revised

## TRAVEL EXPENSE REPORT

Must submit within **four (4) weeks** of completion of travel.

Account # \_\_\_\_\_ Requisition # \_\_\_\_\_  
 Account # \_\_\_\_\_ Account # \_\_\_\_\_  
 Department \_\_\_\_\_

All gray areas must be completed prior to submitting this form.

Payee Name \_\_\_\_\_  
Last First MI Suffix Title

Residence address: (remit to) \_\_\_\_\_  
Street City State Zip

Departing address: (for actual trip) \_\_\_\_\_  
Street City State Zip

Destination address: (the last business destination) \_\_\_\_\_  
Street City State Zip

Departure Date \_\_\_\_\_ and Time \_\_\_\_\_  AM  PM  
 Return Date \_\_\_\_\_ and Time \_\_\_\_\_  AM  PM

Purpose for Trip \_\_\_\_\_ Work Hours \_\_\_\_\_

INDICATE ALL TRAVEL EXPENSES (Use detail sheet if necessary): **TOTALS** PAID BY STATE CREDIT CARD

**REGISTRATION** ..... (550030) \$ \_\_\_\_\_  **N/A--Not applicable**

**TRANSPORTATION**  Car Pooled with \_\_\_\_\_

Rental Car ..... (541500) \$ \_\_\_\_\_

Airfare ..... (542150) \$ \_\_\_\_\_

Train ..... (542250) \$ \_\_\_\_\_

Bus ..... (540020) \$ \_\_\_\_\_

Personal Car mileage (from attached Auto Statement): ..... (543000) \$ \_\_\_\_\_

\_\_\_\_\_ miles @ \$ \_\_\_\_\_ /mileage rate

**LODGING (Over Per Diem)**

Receipted (per diem) \_\_\_\_\_ days x \$ \_\_\_\_\_ /day (542040) \$ \_\_\_\_\_

Un-Receipted \_\_\_\_\_ days x \$ \_\_\_\_\_ /day (542000) \$ \_\_\_\_\_

**MEALS** **Meals can NOT be reimbursed**

Per Diem (overnight) \_\_\_\_\_ days x \$ \_\_\_\_\_ /day (542010) \$ \_\_\_\_\_

Or \$5/\$12 (day trip) \_\_\_\_\_ breakfast(s) @ \$ \_\_\_\_\_ (542030) \$ \_\_\_\_\_

\_\_\_\_\_ dinner(s) @ \$ \_\_\_\_\_ (542030) \$ \_\_\_\_\_

I accept these receipted meals as payment in full \_\_\_\_\_ (initial)

**INCIDENTAL EXPENSES** (540020) \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_ Taxi \$ \_\_\_\_\_ Tolls/Bridges \$ \_\_\_\_\_

Subway \$ \_\_\_\_\_ Internet \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (explain) \_\_\_\_\_

**TOTAL TRAVEL EXPENSES (A)** \$ \_\_\_\_\_ (Enter in Summary, line A)

### SUMMARY

(must include a negative '-' sign before amount for sections B-E)

A. Total Travel Expenses \$ \_\_\_\_\_

B. Subtract amount billed directly to agency-corp card \$ \_\_\_\_\_

C. Subtract amount paid with Travel-Advance \$ \_\_\_\_\_

D. Other direct bill to agency (specify) \$ \_\_\_\_\_

E. Other adjustments (specify) \$ \_\_\_\_\_

Total amount to be reimbursed to traveler/**OR** (if negative) total amount to be returned to agency (attach check):

\$ \_\_\_\_\_

**PAYEE'S CERTIFICATION** I hereby certify that all the above account and schedules are just, true, and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

applicant signature \_\_\_\_\_ Date \_\_\_\_\_ E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

**SUPERVISOR'S CERTIFICATION** I, the claimant's supervisor, certify this account has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the claimant's authorized official duties.

advisor or supervisor signature \_\_\_\_\_ Date \_\_\_\_\_ Name & Title (Print/Type Legibly) \_\_\_\_\_

Authorized account signature, if different from Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Authorized out of state signature \_\_\_\_\_ Date \_\_\_\_\_

EXPENDITURE					
	TRAVEL ADV.	AMOUNT	ACCOUNT#	SUB OBJECT	AMOUNT

### STATE COMPTROLLER'S PRE AUDIT

Certified for payment by \_\_\_\_\_  
**For Agency Finance Office Use Only**  
 I certify that this claim is correct and just and that this payment is approved  
 By \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_