

Travel Reimbursement Form

Vendor legal name:	Date(s) of trip:
Address: (required for all vendors)	Destination:
	Purpose of trip:

Description	PS Account	Fund (3)	Dept. ID (7)	Proj/Grnt (6)	Amount (insert a decimal)
Trains, cabs, tolls, subway, gas (for rental car)	541000				
Airfare	541010				
Mileage @ /mile	541030				
Car Rental (non college)	541500				
Parking	541600				
Lodging (hotel)	542000				
Gratuities	543250				
Meals (List dates/amounts/attendees)	542250				

Date of Meal	Amount of Meals	Attendees and Business Purpose
--------------	-----------------	--------------------------------

Other Expenses	PS Account (6)	Fund (3)	Dept. ID (7)	Proj/Grnt (6)	Amount (insert a decimal)
----------------	-------------------	-------------	-----------------	------------------	------------------------------

Vendor Classification:

Wms. Employee Wms. Student Other:

Prepared by: _____ **Date** _____

Authorized by: _____ **Date** _____

Total Expenses:

Less Funds Advanced:

Amount Due You:

Amount Due College: