

## Travel Reimbursement Form

<b>Vendor legal name:</b>	<b>Date(s) of trip:</b>
<b>Address: (required for all vendors)</b>	<b>Destination:</b>
	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
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Other Expenses	PS Account (6)	Fund (3)	Dept. ID (7)	Proj/Grnt (6)	Amount (insert a decimal)
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**Vendor Classification:**

Wms. Employee    Wms. Student    Other:

**Prepared by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_ **Date** \_\_\_\_\_

Total Expenses:

Less Funds Advanced:

Amount Due You:

Amount Due College: