



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

Revised TRAVEL EXPENSE REPORT

Must submit to travel@newpaltz.edu 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 _____ Time _____ AM PM Return Date _____ Time _____ AM PM Work Hours _____

Purpose for Trip _____ Attach agenda

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

REGISTRATION (550030) \$ _____

TRANSPORTATION Car Pooled with _____

Rental Car (541500) \$ _____

Airfare (542150) \$ _____

Train (542250) \$ _____

Bus (540020) \$ _____

Personal Car mileage (from attached Auto Statement): (543000) \$ _____
_____ miles (whole #) @ \$ _____ /mileage rate

LODGING (Over Per Diem) Provide Lodging Justification form and documentation

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

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

MEALS

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 (submit 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.

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.

Signature _____ Date _____ Name & Title (Print/Type Legibly) _____

Authorized account signature, if different from Supervisor _____ Date _____ Authorized out of state signature (Travel Office) _____ Date _____

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 _____ Title _____ Date _____
Authorized Signature