



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

# TRAVEL EXPENSE REPORT

Must submit to [travel@newpaltz.edu](mailto:travel@newpaltz.edu) within four (4) weeks of completion of travel.

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

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

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