Revised 01/19

FOR ACCOUNTING USE ONLY	
_____	Biweekly Employee
_____	Pre-Audit & Clerical Accuracy
_____	Date Paid
_____	Check Number
____Check	____Cash _____Date received

RHODE ISLAND COLLEGE
TRAVEL REPORT

Please check one:
Travel Advance _____
Reimbursement _____
Overpayment _____

S.S. No. or Empl ID	Date
Name of Employee	Account No.
Department Dept. #	PERIOD COVERED:
Dept./Div. Rhode Island College	FROM DEPARTURE
Purpose and city and State of Travel	TO ARRIVAL (Actual Time)

INSTRUCTIONS TO TRAVELER:
1. All expenses must comply with State Travel Regulations.
2. Important-itemize each item fully by day.
3. Receipts required-seat and berth stubs, hotel bill, taxes, parking.
4. Miscellaneous-itemize taxi, business calls, tips, etc. by day.
5 By signing below, the traveler certifies that this travel complies with State Travel Regulations and that the total listed is a proper charge to Rhode Island College

AUTOMOBILE TRAVEL

Make of Car: Model Year Registration

DATE	FROM	TO	METER READINGS START	METER READINGS END		Miles Traveled	Miles to be Reimbursed	

(Attach additional sheets as necessary)

AMOUNT

Total Miles Traveled_____ (Miles at .58 Per Mile)

Other Items-Tolls, Etc.

OTHER TRAVEL

DATE	FROM/TO	FARES (TYPE)	AMOUNT	HOTEL	DAILY MEAL ALLOWANCE	MISCELLANEOUS ITEM	MISCELLANEOUS AMOUNT	
					DEDUCT PERSONAL EXPENSES:			

COMPUTATION OF SETTLEMENT

AMOUNT PREPAID BY COLLEGE	_____	GRAND TOTAL	_____
AMOUNT PAID BY TRAVELER	_____	LESS PREPAID - AIR FARE	_____
GRAND TOTAL OF TRIP	_____	LESS PREPAID - HOTEL	_____
AMOUNT PREPAID BY COLLEGE	_____	LESS PREPAID - AUTO RENTAL	_____
AMOUNT APPROVED FOR PAYMENT	_____	NET EXPENSE	_____
BALANCE DUE TO (FROM) TRAVELER	_____	**APPROVED FOR PAYMENT**	_____

Approval

_____ Dept Chair _____ Date

_____ Division Head _____ Date

_____ Vice President _____ Date

_____
TRAVELER DATE