Revised 02/09

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.

PERIOD COVERED:

Department | Dept. #

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	

(Attach additional sheets as necessary)

AMOUNT

Total Miles Traveled_____ (Miles at .55 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 BILLED TO COLLEGE		GRAND TOTAL	
AMOUNT PAID BY TRAVELER		LESS DIRECT BILLED - AIR FARE	
GRAND TOTAL OF TRIP		LESS DIRECT BILLED - HOTEL	
AMOUNT BILLED TO COLLEGE		LESS DIRECT BILLED - 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

CONTROLLER DATE