Revised 2/04

Comments and instructions appear in these boxes. Mouse over a speech bubble for a detailed description.

This form must be returned to ORGA within 30 days of return from travel.

EXAMPLE FORM

# RHODE ISLAND COLLEGE TRAVEL REPORT

FOR ACCOUNTING USE ONLY

Biweekly Employee

Pre-Audit & Clerical Accuracy

Date Paid

Check Number

___Check ___Cash _____Date received

**Please check one:**

**Travel Advance**

**Reimbursement** X

**Overpayment**

S.S. No. Enter your social security number

Date Enter today's date

Name of Employee Enter your name

Account No. Enter your grant # and budget reference, e.g. 01 for year one

PERIOD COVERED:

Department

Dept. # Enter your dept #

Dept./Div. Rhode Island College

FROM 1/1/06

DEPARTURE 2:15 PM

Purpose and city and State of Travel EXAMPLE Conference Washington, DC

TO 1/4/06

ARRIVAL (Actual Time) 1:30 PM

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 and other items over $5.00 when practical.
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 against Rhode Island College

## AUTOMOBILE TRAVEL

Make of Car: Model Year Registration

| DATE | FROM | TO | METER READINGS START | METER READINGS END | | Miles Traveled |
|---|---|---|---|---|---|---|
| Example Date | Rhode Island College | PVD Airport | 152679 | 152699 | | 0 |
| Example Date | PVD Airport | Rhode Island College | 152699 | 152719 | | 0 |
| | | | | | | 0 |

(Attach additional sheets as necessary)

| | AMOUNT |
|---|---|
| Total Miles Traveled 0 (Miles at .48 Per Mile) | - |
| Other Items-Tolls, Etc. | |

## OTHER TRAVEL

| DATE | FROM/TO | FARES (TYPE) | AMOUNT | HOTEL | Meals # | Meals Cost | MISCELLANEOUS ITEM | MISCELLANEOUS AMOUNT | DAY'S TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| 1/1/06 | PVD - Washington DC | Airfare | $200.00 | $250.00 | 1 | $15.00 | | | 0.00 |
| 1/2/06 | | Cab | $20.00 | $250.00 | 3 | $30.00 | | | 0.00 |
| 1/3/06 | | Cab | $35.00 | $250.00 | 2 | $30.00 | | | 0.00 |
| 1/4/06 | Washington DC - PVD | | | | 1 | $15.00 | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | DEDUCT PERSONAL EXPENSES: | | | | $15.00 |

## COMPUTATION OF SETTLEMENT

| | | | |
|---|---|---|---|
| AMOUNT BILLED TO COLLEGE | - | GRAND TOTAL | - |
| AMOUNT PAID BY TRAVELER | - | LESS DIRECT BILLED - AIR FARE | $200.00 |
| GRAND TOTAL OF TRIP | - | LESS DIRECT BILLED - HOTEL | $750.00 |
| 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

Sign your name here and date

TRAVELER DATE

CONTROLLER DATE

When this form is completed, send to the Office of Research and Grants Administration. It will be reviewed and forwarded to Accounting.