

Date \_\_\_\_\_

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Address \_\_\_\_\_ Purpose of Trip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

Destination: City \_\_\_\_\_ State \_\_\_\_\_ Accompanied by: \_\_\_\_\_  
 (fill in only if transportation was by auto)

To be completed and returned to Accounting, with itemized receipts, not later than 5 days after return date

Date	Explanation	Transportation	Lodging	Meals	Other Expenses	Total
		\$	\$	\$	\$	\$
<b>TOTALS</b>		\$	\$	\$	\$	\$

I hereby certify that all items of expense included above were incurred by me in the discharge of approved official activities. The amounts are correct and represent proper charges against Brookdale Community College. I further certify that I have not received reimbursement from other sources for any portion of the requested reimbursement.

Less reimbursement from other sources:

Source Name: \_\_\_\_\_ \$ \_\_\_\_\_

Difference: \_\_\_\_\_ \$ \_\_\_\_\_

Travel Advance Check # \_\_\_\_\_ \$ \_\_\_\_\_

Difference: \_\_\_\_\_ \$ \_\_\_\_\_

Reimbursement requested per this report: \$ \_\_\_\_\_

\_\_\_\_\_  
 Traveler's Signature

APPROVALS: I have reviewed the contents of this report and supporting documents, approve same and authorize payment of expenses from:

Account # \_\_\_\_\_

Account # \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
 Authorized Signature

Balance of travel advance returned:

Date: \_\_\_\_\_

Check # \_\_\_\_\_

BUDGET APPROVAL: \_\_\_\_\_  
 Authorized Signature