

Payee Name:  UID:

RIT Phone:  Email:

Names of other travelers:   None

Destination City:  Foreign Currency Rate:

Start Date:  End Date:

Primary method of travel: *please check*

Personal Vehicle - *trips more than 100 miles away require justification relative to other forms of transportation.*

Rental Car - within NY state, use of NYS Tax Exempt form required

Airplane  Rail

**Expense Distribution by Account Number**  
*Enter account information only. Totals will be calculated from page 2.*

Category	Entity	Dept	Obj Code	FEC	Project	Program	Total Exp
Transportation							
Daily Living Exp.							
Other Expenses							
Hosp. Meals							
Hosp. Alcohol			79050				

Expense Total:

Indicate Airline, Auto Rental, Hotel, Advance, Other	Payment Type (BTA, Pro Card, Invoice/Check)	Amount
Advance		
Airfare		
Registration		

Advance Total:

Expense Total Less Advance Amount:	<input type="text"/>
Amount Due Payee:	<input type="text"/>
Amount Due RIT:	<input type="text"/>

**Purpose of trip:** *Check all that apply and provide detailed descriptions below:*

**Project Travel** - *Specify sponsor organization, meeting purpose and attendees' names*

**Conference/Workshop** - *Specify name of conference/workshop and dates attended*

**Student Related Travel** - *Specify event (sports, academic related)*

**RIT Outreach** - *Specify purpose - Admissions, Development, Alumni, etc*

**Other** - *Describe and specify purpose*

**Justification for expenses OUTSIDE OF RIT POLICY:** *Check all that apply and provide detailed descriptions below:*

Car Rental (other than standard)  Sales Tax Paid

Increased Meal Expense  Other

Please review before submitting for processing. If you have any questions, call 5-4900

Complete all shaded areas  Send completed form to Accounts Payable EAS 1160

Tape receipts to 8.5x11 paper  Account numbers must be complete

**I CERTIFY THAT:**

1) All expenses shown are business-related and are correct.

2) Expenses previously charged to the Institute Pro card are clearly listed as an advance.

3) The travel was by the lowest cost reasonable method and if applicable, the expenses comply with the conditions of the grant or contract.

**Traveler's Signature:** \_\_\_\_\_

Requestor's Name:  Phone:  Date:

E-mail:  Requestor's Signature: \_\_\_\_\_

Approver's Name:  Phone:  Date:

E-mail:  Approver's Signature: \_\_\_\_\_

# Non-Employee Travel and Business Expense Report

**Part 1: Transportation**

*Mileage Reimbursement*

Dates	Airfare	Auto Rental	Gas	Taxi/Shuttle	Parking/Tolls	Rail/Bus	Miles	Rate	Car Total	Total
Totals										

**Part 2 - Daily Living Expenses**

Dates	Lodging	Phone	Fax	Internet	Tips	Breakfast	Lunch	Dinner	Snack	Total
Totals										

**Part 3: Hospitality**

Dates	Names of persons in attendance and affiliation	Location	Business Purpose	Meals	Alcohol	Total
Totals						

**Part 4: Other Expenses**

*Notes:*

Dates	Type	Amount
Totals		