

Seventh Avenue at 27 Street New York City 10001-5992 www.fitnyc.edu

## TRAVEL & BUSINESS EXPENSE REPORT

|   |   |                   |                                       |             | OYEE'S PAYROLL ID#  |  |  |
|---|---|-------------------|---------------------------------------|-------------|---------------------|--|--|
| E - EMPLOYEE'S HOME ADDRESS: DEPAI          |   |                   |                                       |             | MENT NAME           |  |  |
| EMITLOTEE                                   | 5 HOME ADDRES   | 00.               |                                       | DEFARI      | MENT NAME           |  |  |
|   |   |                   |                                       | REQUISI     | TION #              |  |  |
|   |   |                   |                                       | X -         |                     |  |  |
| PURPOSE OF                                  | TRAVEL/BUSIN  | ESS:              |                                       |             |                     |  |  |
|   |   |                   |                                       |             |                     |  |  |
|   |   |                   |                                       |             |                     |  |  |
|   | nat the following ex<br>ny other source.  | penses were charg | ged and incurred in accordance wit    | h College p | policy and reimburs | sement is not being                          |  |
| provided by un                              | y other source.   |                   | AUTHORIZIN                            | NG SIGNA    | TURE:               |  |  |
|   |   |                   |                                       |             |                     |  |  |
| EMDI OVEE'S                                 | S SIGNATURE   |                   | DATE                                  |             |                     |  |  |
|   |   |                   |                                       |             |                     |  |  |
|   |   |                   | (Please Print) » NAME                 |             | » TIT               | LE DATE                                      |  |
|   |   |                   |                                       |             | (A)                 | (B)  |  |
| DATE OF<br>EXPENSE                          |   |                   |                                       |             | PAID BY<br>EMPLOYEE | PAID<br>BY COLLEGE                           |  |
|   |   |                   |                                       |             |                     |  |  |
|   | Air/Rail Fare   |                   |                                       |             | •                   | ٠  |  |
|   | Private Auto  |                   |                                       |             |                     |  |  |
|   | Hotel   |                   |                                       |             |                     |  |  |
|   |   |                   |                                       |             |                     |  |  |
|   |   |                   |                                       |             | •                   |  |  |
|   |   |                   |                                       |             | •                   | •  |  |
|   |   |                   |                                       |             |                     |  |  |
|   |   |                   |                                       |             | •                   |  |  |
|   |   |                   |                                       |             |                     |  |  |
|   |   |                   |                                       |             |                     |  |  |
|   |   |                   |                                       |             | •                   | •  |  |
|   |   |                   |                                       |             |                     |  |  |
| TOTAL EXPENSES PAID BY EMPLOYEE:            |   |                   | TOTAL                                 | S           |                     | <u>.                                    </u> |  |
| COST<br>CENTER                              | OBJECT<br>CODE  | AMOUNT            |                                       |             |                     |  |  |
| CLIVILK                                     | CODE  | MWOOM             |                                       |             |                     |  |  |
|   | . 2. Total Expenses Paid by Employee (Column A) 3. Less: Travel Advance – Check # |                   |                                       |             |                     |  |  |
| - 73000 Credit Memo                         |   |                   |                                       |             | Memo                |  |  |
|   |   |                   | If Line 3 is more than Line 2:  AMOUN | T DUE TO    | ) FIT               |  |  |
| TOTAL EVDE                                  | Column<br>ENSES (A)   |                   | If Line 3 is less than Line 2:        |             |                     |  |  |
| TOTAL EXPENSES (A) . AMOUNT DUE TO EMPLOYEE |   |                   |                                       |             |                     |  |  |
| FOR ACCOU                                   | NTING USE ON  | LY:               |                                       |             |                     |  |  |

Reviewed by:

Date