

TRAVEL & BUSINESS EXPENSE REPORT

Columbia University in the City of New York OFFICE OF THE EVP OF FINANCE	DATE RECEIVED BY DEPARTMENT	VOUCHER #
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Important: Use this form to report **travel** and all associated expenses from ONE TRIP (leave and return to NYC area, including multiple destinations) OR, for misc. **business** expenses and/or local transportation (within the tri-state area, where no overnight stay occurred).

Please check only one box - not both!

Then, enter ONE date in one (using format MM/DD/YY), according to the report category box checked (Travel OR Business).

<input checked="" type="checkbox"/> Travel Expenses >>>	FIRST DATE OF EXPENSE	TRAVEL END DATE	AP/CAR Invoice Number for Travel Expenses <<<
	09/12/08	TE 09/26/08	
<input type="checkbox"/> Business Expenses >>>	FIRST DATE OF EXPENSE	PERIOD END DATE	AP/CAR Invoice Number for Business Expenses <<<
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Please note: For **TRAVEL EXPENSES** the AP/CAR invoice number format is TEMMDDYY and refers to the **return date to NYC** or TRAVEL END DATE. For **BUSINESS EXPENSES** (including local transportation) the AP/CAR invoice number format is PEMMDDYY and refers to the **LAST DATE OF EXPENSE** (Period End date).

EMPLOYEE (PAYEE) NAME Andrew Haas			TRAVEL ADVANCE # T		
PAYEE'S HOME ADDRESS STREET 149 E. 61 St. - Apt. 4b			DEPARTURE & ARRIVAL POINTS		
			FROM		TO
			NYC		Chicago
CITY STATE ZIP New York, NY 10021					
PAYEE'S SIGNATURE X	DATE 9/29/08	Please check box if your home address has changed. <input checked="" type="checkbox"/> Your Dept. AP/CAR Processor must	PERSONAL VEHICLE MILEAGE		
			# OF MILES	RATE	AMOUNT
I certify that these expenses were actual and reasonable and incurred in accordance with University policy for the official business of Columbia University. I certify that no portion of this claim was free of charge, previously reimbursed from any other source, or will be paid from any resource in the future.				0.45	
DAF'S NAME (Print): DAF'S SIGNATURE X			DEPT. NAME / NUMBER		
			CHECK PICK-UP (OPTIONAL) Check box to request check pick-up. NOTE: Dept. Processor must select "Check pick-up" option in AP/CAR.		
I certify that I have reviewed all claims associated with this reimbursement. I have found them to be in accordance with both Columbia University policies and procedures and the policies of any sponsoring agencies funding these activities and I hereby authorize payment.					

OVERALL BUSINESS PURPOSE (for conference, attach flyer or forms) Meetings and detector shifts at the D0 Experiment at Fermilab		DEPARTMENT CONTACT	
NAME			
PHONE			

EXPENSE NO.	DATE OF EXPENSE	BUSINESS PURPOSES	In the space below, describe each expense, including the business purpose. For meals/meetings of 1-10 people, document names and relationships to CU. For groups of over 10, document total number of attendees only. For ALL expenses remember to segregate "unallowable" amounts to column B (such as any alcohol, etc.).	UNSEGREGATED EXPENSES A	SEGREGATED EXPENSES B
1	9/12/08	American Airlines		\$304.00	
2	9/23/08	Taxi to airport		\$28.60	
3	9/23-9/26	Meals (B-\$5,L-\$5,D-\$5 = \$15 x 3 days)		\$45.00	
4	9/26/08	Taxi from airport		\$42.43	

Totals from Extra Page		
Totals from Average Rate Currency Conversion Worksheet		
Totals from Daily Rate Currency Conversion Worksheet		
TOTALS	\$420.03	

ACCOUNT NUMBER ----- SUB-CODE	AMOUNT	TOTAL EXPENSE (COLUMNS A&B)	\$420.03
		LESS PREPAID EXPENSES	
		SUBTOTAL	\$420.03
		LESS TRAVEL ADVANCE	
		AMOUNT DUE UNIVERSITY	
ACCOUNT DISTRIBUTION TOTAL		AMOUNT DUE EMPLOYEE	\$420.03