## FOR ACCOUNTING USE ONLY Biweekly Employee Pre-Audit & Clerical Accuracy Date Paid Check Number Check \_\_\_\_Cash \_\_\_\_\_Date received

RHODE ISLAND COLLEGE
TRAVEL REPORT

Vice President

Date

Please check Travel Advan Reimburseme	ce								
Overpayment									
S.S. No. or Empl ID				Date					
Name of				Account No.					
Employee				PERIOD COVERED:					
Department Dept.#				_					
Dept/Div. Rhode Island College				FROM DEPARTURE					
Purpose and city and State of Travel				TO ARRIVAL (Actual Time)					
								<b>X</b>	
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, taxes, parking. 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 to Rhode Island College					
		AUTOMC	BILE TRA	VEL					
Make of Car: Model Year Registration									
					READINGS		Miles	Miles to be	
DATE	FROM	ТО		START	END		Traveled	Reimbursed	
(Attach additional	sheets as necessary)					I			
									AMOUNT
Total Miles Trave	,								
Other Items-Tolls, Etc. OTHER TRAVEL								EOUS	
DATE	DATE FROM/TO		FARES (TYPE) AMOUNT		DAILY MEAL ALLOWANCE		MISCELLANEOUS		
DATE				HOTEL		LOTINATOL			
DEDUCT PERSONAL EXPENSES:           COMPUTATION OF SETTLEMENT							NOLO.		
AMOUNT PREPAID BY COLLEGE GRAND TOTAL									
AMOUNT PAID BY TRAVELER				LESS PREPAID - AIR FARE					
GRAND TOTAL OF TRIP			LESS PREPAID - HOTEL						
AMOUNT PREPAID BY COLLEGE				LESS PREPAID - AUTO RENTAL					
AMOUNT APPROVED FOR PAYMENT				NET EXPENSE					
BALANCE DUE TO (FROM) TRAVELER					APPROVED FOR PAYMENT				
								-	
<u>Approval</u>									
	Dept Chair	Date			2				
	Division Head	Date		TRAVELER	Z				DATE