

TRAVEL & BUSINESS EXPENSE REPORT

Columbia University in the City of New York Accounts Payable	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).

Travel Expenses >>> **Business Expenses >>>**

Please check only one box - not both!
Then, enter dates in the boxes on the right (using format MM/DD/YY), according to the report category box checked (Travel OR Business).

FIRST DATE OF EXPENSE	TRAVEL END DATE	ARC Invoice Number for Travel Expenses <<<
	TE	
FIRST DATE OF EXPENSE	PERIOD END DATE	ARC Invoice Number for Business Expenses <<<
	PE	

Please note: For TRAVEL EXPENSES the ARC Invoice Number format is TEMMDYY and refers to the return date to NYC or TRAVEL END DATE. For BUSINESS EXPENSES (including local transportation) the ARC Invoice Number format is PEMMDYY and refers to the LAST DATE OF EXPENSE (Period End date).

EMPLOYEE (PAYEE) NAME Must be same as on W-9 form/vendor profile		DEPARTURE & ARRIVAL POINTS	
PAYEE'S HOME ADDRESS STREET		FROM	TO
Address must be same as on W-9 form address has changed fill out a new w-9 form			
CITY STATE ZIP		FROM	TO
PAYEE'S SIGNATURE	DATE	PERSONAL VEHICLE MILEAGE	
<input checked="" type="checkbox"/> Physical signature, not typed		# OF MILES	RATE
			0.565
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.		Are you reconciling a Prepaid/Travel Advance? Y or N If yes, enter Pre-Paid Voucher T # below	
Expense Report Validators NAME (Print): Rosemarie Scilipoti		DEPT. NAME / NUMBER	
Expense Report Validators Signature		P&S Club	
<input checked="" type="checkbox"/> For Rosemarie		PRE-PAID ADVANCE # T	
I have reviewed the Travel & Business Expense report and determined that the expense reimbursements are reasonable and necessary in accordance with University policy and procedures.			
OVERALL BUSINESS PURPOSE (for conference, attach flyer or forms)		DEPARTMENT CONTACT	
List full club name (no acronyms/abbreviations), name of event, date, time, location (room number), how many people attended		NAME	Rosemarie Scilipoti
		PHONE	212-304-7025

EXPENSE NO.	DATE OF EXPENSE	BUSINESS PURPOSES	UNSEGREGATED EXPENSES A	SEGREGATED EXPENSES B - alcohol, flowers, entertainment, etc...
list expense # on receipt	oldest receipt first	Vendor Name, type of purchase (snacks, supplies, decorations, etc..) *got charged tax? Write "tax not reimbursed" after type of purchase **less than 10 people? List their name and CU affiliation ***mutiple club or events reimbursements? (List club name, event name)	\$0.00	\$0.00
TAPE YOUR RECEIPT TO A BLANK SHEET OF PAPER - BLACK OUT BARCODES				
PRINT EVENT FLYER(S) and/or EMAIL ADVERTISEMENT				

Totals from Extra Page								
Totals from Average Rate Currency Conversion Worksheet								
Totals from Daily Rate Currency Conversion Worksheet								
TOTALS							\$0.00	\$0.00
GL Unit	Account	Dept	PC BU	Project	Initiative	AMOUNT	TOTAL EXPENSE (COLUMNS A&B)	\$0.00
							LESS PREPAID EXPENSES	
							SUBTOTAL	\$0.00
							LESS TRAVEL ADVANCE	
							AMOUNT DUE UNIVERSITY	
ACCOUNT DISTRIBUTION TOTAL							AMOUNT DUE EMPLOYEE	\$0.00