

Community College of Rhode Island
Modified version of Department of Administrations Form
OUT-OF-STATE TRAVEL EXPENSE REPORT

Voucher number: _____
Check Date: _____
Check Number: _____
(for accounting use only)

Employee Name: _____ SSN: _____
Title: _____ Department: _____ Division: _____
Period Covered: Start Date: _____ Time: _____ End Date: _____ Time: _____
Purpose of Travel: _____

<u>DESCRIPTION OF CHARGES:</u>			
Transportation Charges (excluding auto)	_____		
Hotel	_____		
Car Rental	_____		
Taxi/Shuttle/Parking/Tolls	_____		
<u>Misc:</u>	_____		
_____	_____		
_____	_____		
<u>OVRPYM'T RETURN TO T/A</u>	_____		
<u>LESS PREPAYMENT</u>	_____		
<u>LESS CREDIT DUE</u>	_____		
	<u>SUBTOTAL</u>	_____	
<u>MEALS:</u>			
Breakfast: # _____	X	\$ 4.00	_____
Lunch: # _____	X	\$ 6.00	_____
Dinner: # _____	X	\$ 14.00	_____
Per Diem: # _____	X	\$ 5.00	_____
	<u>SUBTOTAL</u>		_____
<u>COMMENTS:</u>	_____		
_____	_____		
_____	_____		

<u>REQUIRED DOCUMENTATION</u>		
	<u>Included</u>	<u>Not Applicable</u>
	<i>(insert a n X)</i>	
Travel Itinerary(s)		
Ticket(s) or Ticketless Itinerary(s)		
Hotel Detail Bill		
Agenda		
Car Rental Receipt		
Copy of TR-1		
Taxi/Shuttle		
Parking/Tolls		
Miscellaneous		

Note: Original receipts are needed for items over \$5.00. Attach explanation for any missing documentation/justification for extra night's stay.

IF MILEAGE CLAIMED: Vehicle(s) Make _____ Model _____ Year _____ Registration _____
Auto Insurance Carrier: ***LEAVE BLANK***
Auto Policy Expiration Date: _____

DATE	FROM	TO

<u>ODOMETER READING</u>		<u>ALLOWANCE</u>
START	FINISH	MILES (rounded)

Total miles _____
MILES X Rate \$ 0.375 _____
TOTAL DUE TRAVELER _____

CCRI Travel Account #	BOC	AMOUNT

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I hereby certify that throughout the above dates I have maintained a valid operator's license and my vehicle(s) has been properly registered and insured; that the above mileage is correct and was incurred for official state business. The travel from my residence was shorter than the travel between my official station and the destination; that this travel expense complies with the state travel regulations.

I hereby certify that this travel expense complies with the state travel regulations and that the total listed above is a proper charge against the state.

Signature of Traveler Initials of Supervisor Signature of Authorized Agent