

Community College of Rhode Island
Modified version of Department of Administrations Form

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

OUT-OF-STATE TRAVEL EXPENSE REPORT

Employee Name: John Smith SSN: 011-11-1111
 Title: coordinator Department: Bursar Division: Student Services
 Period Covered: Start Date: 1/4/2003 Time: 5:45am End Date: 1/6/2003 Time: 6:15pm
 Purpose of Travel: To attend student information system training session.

DESCRIPTION OF CHARGES:

Transportation Charges (excluding auto) \$ 228.00
 Hotel \$ 365.00
 Car Rental _____
 Taxi/Shuttle/Parking/Tolls \$ 25.00
 Misc: _____

OVRPYM'T RETURN TO T/A

LESS PREPAYMENT

LESS CREDIT DUE

11 SUBTOTAL \$618.00

MEALS:

Breakfast: # 3 X \$ 4.00 \$12.00
 Lunch: # 3 X \$ 6.00 \$18.00
 Dinner: # 3 X \$ 14.00 \$42.00
 Per Diem: # 3 X \$ 5.00 \$15.00
 SUBTOTAL \$87.00

COMMENTS:

REQUIRED DOCUMENTATION

	Included	Not Applicable
Travel Itinerary(s)	X	
Ticket(s) or Ticketless Itinerary(s)	X	
Hotel Detail Bill	X	
Agenda	X	
Car Rental Receipt		X
Copy of TR-1	X	
Taxi/Shuttle	X	
Parking/Tolls	X	
Miscellaneous	X	

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

12 IF MILEAGE CLAIMED: Vehicle(s) Make Honda Model Civic Year 2001 Registration 123456

Auto Insurance Carrier: ***LEAVE BLANK***

Auto Policy Expiration Date: **13** 12/31/2003

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DATE	FROM	TO
1/4/2003	Home	Warwick, Airport
1/6/2003	Warwick, Airport	Home

ODOMETER READING		ALLOWANCE
START	FINISH	MILES (rounded)
136175	136201	26
136201	136227	26

Total miles 52

MILES X Rate \$ 0.375 \$19.50

TOTAL DUE TRAVELER \$724.50

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CCRI Travel Account	BOC	AMOUNT
251115	342	\$724.50

CCRI Travel Account	BOC	AMOUNT

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.

18 _____
Signature of Traveler

19 _____
Initials of Supervisor Signature of Authorized Agent