TRAVEL & BUSINESS EXPENSE REPORT

Columbia University in the City of New York
OFFICE OF THE EVP OF FINANCE

DATE RECEIVED BY DEPARTMENT	VOUCHER #

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 of the the boxes on the right (using format **MM/DD/YY**), according to the report category box checked (Travel OR Business).

☐ **Travel Expenses >>>**

FIRST DATE OF EXPENSE	TRAVEL END DATE
	TE

AP/CAR Invoice Number for Travel Expenses <<<

☐ **Business Expenses >>>**

FIRST DATE OF EXPENSE	PERIOD END DATE
	PE

AP/CAR Invoice Number for Business Expenses <<<

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

TRAVEL ADVANCE # **T**

PAYEE'S HOME ADDRESS STREET

CITY STATE ZIP

DEPARTURE & ARRIVAL POINTS

FROM	TO
FROM	TO

PAYEE'S SIGNATURE X | DATE

☐ Please check box if your home address has changed.
NOTE: Your Dept. AP/CAR Processor must contact Vendor Maintenance with new info.

PERSONAL VEHICLE MILEAGE

# OF MILES	RATE	AMOUNT
	0.445	

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.

DAF'S NAME (Print): DEPT. NAME / NUMBER

DAF'S SIGNATURE X | DATE

☐ 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.

DEPARTMENT CONTACT

NAME

PHONE

OVERALL BUSINESS PURPOSE (for conference, attach flyer or forms)

ITEMIZED EXPENSE DESCRIPTIONS

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
Totals from Extra Page				
Totals from Average Rate Currency Conversion Worksheet				
Totals from Daily Rate Currency Conversion Worksheet				
		TOTALS		

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