Revised 01/24

RHODE ISLAND COLLEGE
TRAVEL REPORT

Please check one:

Travel Advance _____

Reimbursement _____ XX____

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	TO ARRIVAL
and State of Travel	(Actual Time)

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, taxis, 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

AUTOMOBILE TRAVEL

Make of Car: Model   Year   Registration

DATE	FROM	TO	METER READINGS START	METER READINGS END	Miles Traveled	Miles to be Reimbursed	
					0	0	
					0	0	
					0	0	

(Attach additional sheets as necessary)

I hereby certify that the mileage is correct and was incurred for official college business; that the travel from my residence to the destination was greater than the travel between my residence and the Rhode Island College campus

AMOUNT

Total Miles Traveled_ **0** (Miles at .67 per Mile)   -

Other Items-Tolls, Etc.

OTHER TRAVEL

DATE	FROM/TO	FARES (TYPE)	AMOUNT	HOTEL	DAILY MEAL ALLOWA	MISCELLANEOUS ITEM	AMOUNT	DAY'S TOTAL
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00

DEDUCT PERSONAL EXPENSES:

COMPUTATION OF SETTLEMENT

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**	-

Approval

_____ Dept Chair   _____ Date

_____ Division Head   _____ Date

_____ Vice President   _____ Date

TRAVELER _____   DATE