

# Peekskill Faculty Association Travel Reimbursement Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Information required for processing of payment:**

Destination : \_\_\_\_\_

Program Attended: \_\_\_\_\_

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

**Expenses:**

***Non-Car Travel***

Airline Tickets/Train Tickets: \$ \_\_\_\_\_  
(Ticket and receipts attached)

***Car Travel***

Milage (\$0.~~57~~ per mile) \_\_\_\_\_ \* \$0.~~57~~ = \$ \_\_\_\_\_  
Parking (receipt attached) \$ \_\_\_\_\_  
Tolls \$ \_\_\_\_\_

***Lodging*** \_\_\_\_\_ nights at \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Attach bill)

***Meals*** (Attach receipts) \$ \_\_\_\_\_ (total of below)

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

***Miscellaneous expenses:*** (Registration, etc)

Please describe on lines below.

\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses:** \$ \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Traveler

\_\_\_\_\_  
Date: \_\_\_\_\_ Check # issued: \_\_\_\_\_

Approved by