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

Mileage ($0.76 per mile): $_____

Parking (receipt attached): $_____

Tolls: $_____

Lodging ___nights at $_____: $_____

Meals (attach receipts) $_____(total of below)

Date: _____ $_____

Date: _____ $_____

Date: _____ $_____

Date: _____ $_____

Date: _____ $_____

Date: _____ $_____

Miscellaneous Expenses: (registration, etc.). Please describe on the lines below:

_____ $_____

_____

_____

_____

Total Expenses: $_____

Signature of Traveler:_____ Date: _____

Approved By:_____

_____

Date: _____Check # issued:_____