



VASSAR COLLEGE

Travel Expense Account

Original receipts must be submitted for reimbursement within 120 days upon completion of travel.

NAME \_\_\_\_\_ BOX # \_\_\_\_\_ DEPT. \_\_\_\_\_

DATES OF TRAVEL \_\_\_\_\_

LOCATION \_\_\_\_\_

PURPOSE (Attend/Participate?) \_\_\_\_\_

**ALL RECEIPTS MUST BE ORIGINALS--NO COPIES or FAXES PLEASE!**

TRANSPORTATION:

CAR \_\_\_\_\_ MILES @ 55 CENTS \_\_\_\_\_

PARKING FEES \_\_\_\_\_

TOLLS \_\_\_\_\_

TRAIN \_\_\_\_\_

PLANE \_\_\_\_\_

TAXI - subway, bus, etc. \_\_\_\_\_

HOTEL (attach detailed bill) \_\_\_\_\_

REGISTRATION FEES \_\_\_\_\_

MEALS (individual receipts) \_\_\_\_\_

OTHER (explain) \_\_\_\_\_

\_\_\_\_\_

TOTAL \_\_\_\_\_

LESS: Travel advance received (if any) - \_\_\_\_\_

BALANCE \$ \_\_\_\_\_

\_\_\_\_\_  
DATE SUBMITTED

\_\_\_\_\_  
SIGNATURE