

COLGATE UNIVERSITY TRAVEL EXPENSE SUMMARY

Name(please print)				Employee ID)#		Department			
Destination										
Purpose							Date(s) of Ad	vance:		
Please include all "cash" rec	eipts/do not att	tach " JP Morgan	credit card" re	ceipts with this fo	orm but indicate a	mount used for trip		Total	Total	
	Sunday	Monday	Tuesday			Friday	Saturday	Cash/ Personal Card	Direct JP Morgan Card	
Date(s)	<u> </u>	 '		 '	_	<u> </u>	<u> </u>			
Lodging	ļ	 '	 	<u> </u>		<u> </u>	 '	-	-	
Meals:	ļ	 '	└	<u> </u>		 	<u> </u>	-	-	
Breakfast	ļ	 '		 '	<u> </u>	 	<u> </u> '		-	
Lunch	ļ	 '	 	<u> </u>		 	<u> </u>	-	-	
Dinner	ļ	 '	 	<u> </u>		 	<u> </u>	-	-	
Or List Per Diem	ļ	 '	<u> </u>	<u> </u>		 	<u> </u>	-		
(1)Entertainment	<u> </u>	 '	 	<u> </u>	 	 	<u> </u>	-	-	
Tips Taxis	<u> </u>	 '	 	<u> </u>	 	 	<u> </u>	-	-	
Car Rental	<u> </u>	 '	 				<u> </u>	-	-	
	 	 '	 	<u> </u>	 				-	
Gas Tolls	 	 '	 	 	 	 	<u> </u>	-	-	
Parking	 		 	 '	 	 	<u> </u>	-	-	
Mileage(miles)/387		 '	 	 	 	 	<u> </u>	-		
Registration	 		 	 	 	 	 			
Airfare/386	 		 	 	 	+	 		-	
(1) Other	 	+	 	+	 	+	+	-		
(1) Other	1	+		+	 	+	+			
				- - -		Total Expenses for Trip: - Less Airfare BTI/AAA Direct Less JP Morgan - Less Cash Advance			<u>-</u>	
				- -		Due to Employe			\$ -	
Approvals:					Please remit check payable to:					
Employee Signature Date				-	Colgate University FOR ACCOUNTING USE ONLY					
Department/Division Signature Date				-	CASHIERS WI		AUDIT/REVIE	AUDIT/REVIEW & APPROVALS		
Department/Division Signature Date				_	Date:		A/R Invoice #			
Department/Division Signature Date					Receipt#:	ceipt#:		Clear Advance		
Please indicate Budget code	e below for Acco	ounts Payble only		!			Initial & Date	<u> </u>		
Accounts Payable Accounting Distribution:				, 	Cash Amount	Cash Amount		Morgan:		
Fund	Org		Total	-	<u> </u>		 			
		387	-		Check Amount		Approvals :			
	<u> </u>	386	<u> </u>] -	Check #		 			
	 	 '	 		Accepted by: (Initials)					
		1	1 (.11	I(Initials)					