NEW YORK STRUCTURAL BIOLOGY CENTER

Travel Expense Reimbursement Form

**Name (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ext.#:** \_\_\_\_\_\_\_ **Department Name:** \_\_\_\_\_\_\_\_\_\_

**Purpose of travel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departure Date:** \_\_\_/\_\_\_/\_\_\_\_ **Return Date:** \_\_\_/\_\_\_/\_\_\_\_

***\*\* Receipts or appropriate documentation required for all items.***

**NOTE: Please indicate Funding Source (“Charge To”) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **1. TRANSPORTATION (Airfare, Rail, etc.):** **1. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. HOTEL: (excluding meals) 2. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **3. MEALS:**

 **Total Expense $\_\_\_\_\_\_\_\_\_\_\_\_**

 **Less: Alcohol (if any) $(\_\_\_\_\_\_\_\_\_\_\_)**

 **Net Expense 3. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. OTHER:**

 **a.) Registration Fees 4. a $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **b.) Taxis, Airport Limousines, Car Rentals (incl. tips) 4. b $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **c.) \*Use of Personal Car - miles\_\_\_\_\_\_\_@ $0.535/mile 4. c $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***\*$0.535/ mile as of 1/1/17; previously (1/1/16 - 12/31/16 $0.54/ mile.***

 ***Includes gas cost on personal car.***

 **d.) Miscellaneous (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. d $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***(i.e. tolls; parking; gas > only if Car Rental)***

**TOTAL EXPENSES (Items 1 thru 4): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LESS: Travel Advance (If Any): $ (\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**TOTAL AMOUNT DUE to EMPLOYEE (*or to NYSBC if a portion of***

 ***the travel advance was not used).***  **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For All Transportation*: I certify that I have secured the lowest available transportation fare.***

 **For Grant Charges Only: *I certify that the above charges were incurred in connection with work under***

 ***the specified research project.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval of Department Head**

  **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_