

TRAVEL EXPENSE REPORT/VOUCHER

Procedure No. 602.4 – Supplement 2

Atlantic Cape Community College

Mays Landing, NJ 08330-2699

Date Prepared _____

TRAVEL EXPENSE REPORT/VOUCHER

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Trip Destination _____ Date(s) of Travel: From _____ To _____

Purpose: _____

Description:	Total Cost	Prepaid Amount	Balance Outstanding	Account Charged	Object Code
1. Conference/Registration Fee:	\$ _____	\$ _____	\$ _____	\$ _____	4025
2. Transportation:	\$ _____	\$ _____	\$ _____	\$ _____	_____
• Car Mileage reimbursement: Miles @ \$.__ \$ _____					
• Tolls and Parking: \$ _____					
• Other Transportation: (Air, Rail, Taxi, Bus) \$ _____					
TOTAL Transportation:	\$ _____	\$ _____	\$ _____	\$ _____	

	Day 1	Day 2	Day 3	Day 4	Day 5
3. Lodging:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Meals and Tips	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. Other Expenses: (describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL Lodging, meals & other expenses:	\$_____	\$_____	\$_____	\$_____	\$_____
TOTALS (Items #1 thru #5):	Total Cost	Prepaid Amount	Balance Outstanding	Account Charged	Object Code
	\$_____	\$_____	\$_____	\$_____	_____
Less Travel Advance			\$_____		
TOTAL DUE (Atlantic Cape) Traveler			\$_____		

FOR Atlantic Cape ACCOUNTING USE ONLY

Date Paid: ___/___/___

Check # _____ \$ _____

Signature of Traveler _____	Date _____
Approvals _____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____

/travel/gcb/4/95

See Instructions below:

INSTRUCTIONS

- * Conference/Registration fees must use subcode 4025
- * Transportation charges for destinations within New Jersey are to be charged to subcode 4050.
- All other charges on this schedule must use subcode 4000.
- Line 1 Attach a copy of the conference/registration form.
- Line 2 A) Enter amount of total mileage and multiply by the current Atlantic Cape Community College mileage reimbursement rate (e.g. 24 x \$.30/mile - \$7.20)
- B) Attach receipts for tolls and parking.
- C) Enter the cost for airfare, taxi/limo, bus, rail or other transportation and tips. Attach appropriate receipts or ticket stubs.

NOTE: An Air Travel Request Form must be completed and placed on file in the Dean for Administration and

Business Services Office for all air travel.

Line 3 Attach the final bill for lodging and enter the per day cost under the appropriate heading.

Line 4 Expense for meals (including tips) will be reimbursed at the current Atlantic Cape Community College reimbursement rate.

Line 5 Attach receipts for all other itemized expenses and enter them under the appropriate heading.

A memo of explanation must accompany any expenditure over \$10.

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