

**Monroe Community College  
TRAVEL & CONFERENCE EXPENSE REPORT**

SAMPLE

NAME OF EMPLOYEE: Mr. Right Triangle

DEPARTMENT: Mathematics

DEPARTMENT NO.: 2106 *(always use this number)* EXT.: 1234

\*TRIP NO.: 0590717 *(found on the yellow copy they send you of your Prior Approval Travel Request - top right corner)*

\*LACK OF TRIP NUMBER WILL CAUSE DELAY IN PROCESSING

DATE TIME	DESTINATION/LOCATION (From - To: State mileage if used a private vehicle)	TRANSPORTATION	LODGING	PER DIEM	OTHER		TOTALS
					DESCRIPTION	AMOUNT	
4/8/06 8 Am	mcc to Utica, NY 136.34 mi	\$ 60.67	\$ 80.00	\$ 45.00	Registration	\$ 35.00	\$ 220.67
4/9/06 5 pm	Utica, NY to mcc 136.34 mi	\$ 60.67			2 tolls @ \$4.05 each	\$ 8.10	68.77
* Attach the following:		an official receipt for the registration fee					
		a receipt for the hotel					
		a receipt for flight showing proof of payment					
		receipts for tolls, taxi rides, etc.					
* no receipts needed for per diem							
* if food cannot be purchased separately, include it in another category & make sure it's not							itemized on your receipt.
TOTALS		\$ 121.34	\$ 80.00	\$ 45.00		\$ 43.10	\$ 289.44

ATTACH ORIGINAL RECEIPTS AND OTHER DOCUMENTATION FOR ALL TRANSPORTATION, LODGING AND OTHER EXPENDITURES.  
COPIES WILL NOT BE ACCEPTED

**PREPAYMENT MADE BY THE COLLEGE**

INCLUDE ANY AIRFARE AND/OR REGISTRATION FEES PAID IN ADVANCE BY MCCF. ITEMS MUST BE INCLUDED AS EXPENSES ABOVE AS WELL.

DESCRIPTION	AMOUNT
	\$
<b>TOTAL PREPAYMENTS</b>	<b>\$</b>

FISCAL OFFICE APPROVAL: \_\_\_\_\_

**SUBMIT ENTIRE COMPLETED FORM TO CONTROLLER'S OFFICE within 10 days of return**

Mr. Right Triangle 4/10/06  
DATE  
SIGNATURE OF EMPLOYEE

\* DEPT. CHAIR/DIRECTOR/GRANTS OFFICE DATE  
*(Approval required only when actual expense exceeds original approved amount.)*

(FISCAL OFFICE USE ONLY)	
ACCOUNT(S) TO BE CHARGED:	FINAL
DR: _____	\$ _____
DR: _____	\$ _____
DR: _____	\$ _____
DR: _____	\$ _____
DR: _____	\$ _____
DR: _____	\$ _____
DR: _____	\$ _____
DR: _____	\$ _____
DR: _____	\$ _____
CR: 0-11570-1310	<b>TOTAL EXPENSE:</b> \$ _____
	<b>LESS PREPAYMENTS:</b> \$ _____
DR: 0-115710-1310	<b>BALANCE DUE:</b> _____
	\$ _____