



Travel Pre-Approval and Expense Reimbursement Form (State)

Name: _____ CUNYfirst EMPLID: _____

Department Number: _____ PSC Member? (Y/N): _____ State Employee? (Y/N): _____

Phone #: _____ Fax #: _____ Email: _____

Purpose of Trip: _____ Travel Card #: _____

Name of Meeting/Conference: _____

Are you a member of the sponsoring Organization? (Y/N): _____

Scan and attach receipts in support of expenses

Indicate purpose / capacity of participation: _____

Arrivals / Departures

Destination:

Leaving from (City, State): _____ on (Date) _____ at (Time) _____

Arriving at (City, State): _____ on (Date) _____ at (Time) _____

Return Trip:

Leaving from (City, State): _____ on (Date) _____ at (Time) _____

Arriving at (City, State): _____ on (Date) _____ at (Time) _____

Itemized Expenses	Estimated Expenses	Actual Expenses	Paid Via Travel Card? (Y/N)
Lodging _____ days @ \$ _____ /day:	\$ _____	\$ _____	
Meals _____ days @ \$ _____ /day:	\$ _____	\$ _____	
Registration / Seminar Fees:	\$ _____	\$ _____	
Air / Train Transportation:	\$ _____	\$ _____	
Taxi / Shuttle Transportation:	\$ _____	\$ _____	
Rental Car:	\$ _____	\$ _____	
Gas / Mileage:	\$ _____	\$ _____	
Toll Charges:	\$ _____	\$ _____	
Miscellaneous Expenses:	\$ _____	\$ _____	
Total Itemized Expenses:	\$ _____	\$ _____	
Other Adjustments:	\$ _____	\$ _____	
Total Approved Expenses:	\$ _____	\$ _____	

Voucher Number: _____

Amount Owed to CUNY: \$ _____

Authorizations and Approvals

Supervisor Name: _____ Authorization Date: _____

Expense Approval Date: _____

Department Approver: _____ Authorization Date: _____

**EXPENSE REIMBURSEMENT OTHER THAN TRAVEL
FOR COLLEGE EMPLOYEES AND OTHERS
USE ALSO FOR STUDENT STIPENDS**

DO NOT USE FOR HONORARIUMS

NAME (PRINT) _____ CUNYFIRST ID # _____

FULL ADDRESS _____

TELEPHONE NO. _____ EMAIL _____

DESCRIPTION OF PAYMENT _____

DEPARTMENT NAME _____

NYCCT STUDENT Y/N _____

PAID ON STATE PAYROLL Y/N _____

ITEMIZED EXPENSE AMOUNTS AND BRIEF DESCRIPTIONS (PLEASE ATTACH RECEIPTS)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

GRAND TOTAL(\$) _____

STUDENT STIPEND INFORMATION

STUDENT STIPEND Y/N _____

SEMESTER/YEAR _____

STIPEND AMOUNT _____

DEPARTMENT NAME _____

CUNYFIRST CHARTFIELDS

[\$] AMOUNT	CF DEPARTMENT #	FUND CODE	MAJOR PURPOSE	OPERATING UNIT	PROGRAM CODE	FUND SOURCE	SPECIAL INITIATIVES

AUTHORIZATIONS AND APPROVALS

RECIPIENT'S SIGNATURE _____

DATE _____

DEPARTMENTAL FUNDING SIGNATURE _____

DATE _____

A/P EXPENSE RECORD NO. _____

USE OTHER SIDE FOR TRAVEL REIMBURSEMENT