

New York Yearly Meeting STAFF TRAVEL EXPENSE

Attach all receipts to form & keep copies

Name _____ Travel location _____

Address _____ Dates of travel _____

_____ Who authorized? _____

Reason for travel _____

A – Registration fees

Include the original registration form	Registration total	\$
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B – Transportation**

Public transportation		\$
Tolls & parking		\$
Mileage	Odometer arriving home	
	Odometer leaving home	
	Total miles	@ \$0.67/mile
Transportation total		\$

C - Lodging

Lodging Location	Lodging total	\$
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D - Meals

	Breakfast	Lunch	dinner	
Day 1				\$
Day 2				\$
Day 3				\$
Day 4				\$
Meal total				\$

TOTAL TRAVEL COST	\$
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Requested Reimbursement**

Requested reimbursement amount, amount that will be charged to the account	\$
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Please sign and date

Transfer Location, dates traveled, reason, and requested reimbursement to your Section's voucher right column top area.

***Transportation costs are the lowest that advance purchase would permit (i.e. RI air Buffalo/New York City \$158.80 for 2 week non-refundable, 3 day is \$528.80). One should not expect reimbursement for the higher fare.*