FACULTY COUNCIL OF COMMUNITY COLLEGES
TRAVEL EXPENSE VOUCHER

NAME: ____________________________________  SSN: _____________________________________

COLLEGE: ________________________________

HOME ADDRESS: _____________________________________________________________________

DESTINATION ___________________________________ MODE OF TRAVEL ________________

PURPOSE ___________________________________________________________________________

DEPARTURE: ________________________________ ARRIVAL: ________________________________

DATE: ___________________________________ DATE: ___________________________________

TIME: __________ AM PM  TIME: __________ AM PM

DEPARTURE: ________________________________ RETURN: ________________________________

DATE: ___________________________________ DATE: ___________________________________

TIME: __________ AM PM  TIME: __________ AM PM

EXPENSES:

NOTE: ITEMS WITH * REQUIRE ORIGINAL RECEIPTS

1. CAR:
   a. Total Miles __________
   X _____ equals $ __________
   b. Tolls* __________
   c. Parking* __________

2. PLANE, TRAIN or Bus

3. CAR RENTAL *(justification req.)
   a. Gas* (car rental only) __________

4. REGISTRATION*

5. LODGING & MEALS

METHOD I – PER DIEM
No. of days x Rate
_______ x ______ = $___________

METHOD II – Lodging and Meals *
No. of days ______
Lodging* __________
Meals* __________

MEAL ADJUSTMENT:
Breakfast __________
Dinner __________

TOTAL: $ __________

Signature of Claimant __________________________  Date ________________

SEND VOUCHER WITH ORIGINAL RECEIPTS ATTACHED TO:

Faculty Council of Community Colleges
State University Plaza
Albany, New York  12246