

CNR TRAVEL EXPENSE REQUEST SHEET

Name of Traveler: Title for This Expense: Expense Date(s) / Place(s): If Conference, Enter Title: STATE THE BUSINESS PURPOSE for This Expense Budget Number(s) Portion to be Paid by CNR:

> * Please include Conference <u>AGENDA</u> and <u>SIGNED</u> receipts with your submittal. For conference registration fee reimbursements, include the registration fee schedule.

Trans	actions	Additional Comments	\$ Charged to P-Card	\$ Charged to Personal Credit Card	
How did you get to the Airpo Own Car Limo S					
If you drove to the airport/train, OR all the way to your destination, are you claiming mileage reimbursement?					
Yes No					
Type of Public Transportatio	n used:				
Plane Train	Bus				
Used a Fleet Car to get	to destination				
MILEAGE: Please fill in ALL sections, <u>your mileage, as well as per diem,</u> are calculated based on the information you provide below		Plea	Please DO NOT enter Miles or the Amount Enter narrative below		
Did anyone share the ride w	ith you? Yes No)			
Name of travel companior	1				
From:	Departure time:				
То:	Arrival Time:				
RETURN TRIP:					
Name of travel companion					
From:	Departure time:				
То:	Arrival Time:				

Transactions			Additional Comments	\$ Charged to P-Card	\$ Charged to Personal Credit Card	
LIMOUSINE SERVICE:						
Did anyone share the dri NAME	ve with you?	Yes	No			
SPLIT COST?		Yes	No			
Budget 1	Budget 2					
From:	Departure	time:				
То:	Arrival Tim	e:				
RETURN TRIP:						
From:	Departure t	time:				
То:	Arrival Time	2:				
		AIRF	ARE			
	BAGGAGE	FEE - TO	TAL			
	AIRPC	ORT PARK	ING			
TAXI 1 - From:	To:					
TAXI 2 - From:	То:					
TAXI 3 - From:	To:					
TAXI 4 - From:	To:					
HOTEL 1:						
Did anyone share the roo Name	om with you?	Yes	No			
Split cost?	•	Y Yes	No			
Budget 1	Budget 2					
Check in:						
Check out:						
HOTEL 1 PARKING:						

Transactions		Additional Comments	\$ Charged to Pcard	\$ Charged to Personal Credit Card
HOTEL 2				
Did anyone share	the room with you? Yes N	o		
Name				
Split cost?	Y Yes N	ο		
Budget 1	Budget 2			
Check in:				
Check out:				
HOTEL 2 PARKING	:			
PER DIEM Meals provided b	y host (Breakfast, Lunch, Dinner)			
Date:	Meals:			
Must Attach: Confe	rence/Meeting Agenda			
TRAIN FARE:				
From:	Departure time:			
То:	Arrival Time:			
Return trip:				
From:	Departure time:			
То:	Arrival Time:			
TRAIN STATION	PARKING			
BUS FARE:				
From:	Departure time:			
То:	Arrival Time:			
Return trip:				
From:	Departure time:			
То:	Arrival Time:			

Transactions If the fees below were already submitted for reimbursement, please state the date in the Comments box and do not enter amounts	Additional Comments	\$ Charged to P-Card	\$ Charged to Personal Credit Card
CONFERENCE REGISTRATION FEE:			
Reminder: Must Include Registration Fee Schedule and Agenda			
ABSTRACT FEE			
POSTER ONLINE UPLOAD FEE			
POSTER PRINTING FEE IF PRINTED BY CONFERENCE			
GROUP MEAL: Names of attendees			
VENUE DATE			

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SubTotal: Pcard

SubTotal: Personal Credit Card

OTHER EXPENSES

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EXPLANATIONS

Grand Total: Pcard

Grand Total: Personal Credit Card