Maine Community College System
TRAVEL EXPENSE REPORT

Please complete In Ink or type

TRAVELER'S NAME AND ADDRESS (PAYEE)

SOCIAL SECRUITY NO. (REQUIRED)

CAMPUS NMCC

DEPARTMENT

EMPLOYEE'S RESIDENCE

DESTINATION

PURPOSE OF TRAVEL

DATE: 2000 month	Day	EXPLANATION OF EXPENDITURES	TRANSPORTATION AUTOMOBILE Miles	AMOUNT	OTHER		(Receipts Required) LODGING	MEALS List Meals Separately	AMOUNT		OTHER EXPENSES ITEM	AMOUNT		Daily Total	
		TOTALS													

Please detail all expenses associated with a travel event. Those items that have been charged directly to the College shall be detailed and the dollars shown in brackets, i.e. ABC Travel ($189.00).

Total Charged

Total Cash Exp.

Less Advance

Balance Due

I certify that the amounts are in accordance with applicable regulations, the detailed items charged were actually paid, and the expenses were occasioned by official business.

(SIGNATURE OF TRAVELER) (DATE)

REV. 2190

APPROVED:

Department Head:

Finance Director:

Account to be charged:

Date:

Date: