

Brockport Auxiliary Service Corporation - Travel Expense Report / Request for Reimbursement

NAME:					TRAVEL \$		Cost Center		Account for travel expense		
	Travel Dates:	from	to		MISCELLANEOUS \$		Cost Center		Account for misc. expense		
Purpose of Trip:											
Destination:											

Date & Location		Hotel	Meals	Tips	miles	Mileage rate	\$	Air / Rail	Tolls / Taxi Parking / Bus	Miscellaneous explain below *	Total Personal	Total Credit Card
						\$ 0.575						
Day 1	Employee Paid					\$ 0.58	\$ -				\$ -	
	Company Card											\$ -
Day 2	Employee Paid					\$ 0.58	\$ -				\$ -	
	Company Card											\$ -
Day 3	Employee Paid					\$ 0.58	\$ -				\$ -	
	Company Card											\$ -
Day 4	Employee Paid					\$ 0.58	\$ -				\$ -	
	Company Card											\$ -
Day 5	Employee Paid					\$ 0.58	\$ -				\$ -	
	Company Card											\$ -
Day 6	Employee Paid					\$ 0.58	\$ -				\$ -	
	Company Card											\$ -
Day 7	Employee Paid					\$ 0.58	\$ -				\$ -	
	Company Card											\$ -
TOTALS		\$ -	\$ -	\$ -	0.0		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(*) Explanation of Miscellaneous Items (day & item)											(1) Total Personal Expenses	(2) Total Credit Card Expenses
Total Trip Cost (1+2)												
\$ -												

Employee Paid = Reimbursable expenses paid personally by employee. Receipts required. Attach receipts to this form.

Company Credit Card = Expenses paid on BASC Credit Card. Attach copies of receipts to this form.

Total Trip Cost = Total of all expenses incurred by both employee and BASC.

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____