



# Hamilton

198 College Hill Road  
Clinton, NY 13323

Name and Ext.

Account Number (dept. use only)

## EXPENSE STATEMENT

Travel Purpose and Destination							Total
Date							
Car Mileage							at ____* per mile
Tolls							
<input type="checkbox"/> Transportation charged to the travel agency (Original ticket must be attached to expense statement)	Air/Rail Travel						
	Meals						
	Hotel						
	Cabs						
	Registration Fees						
	Other						
							Total
							Advance
							Additional or Refund

**Please attach all original receipts to support your expenses.**

\*Call the Controller's Office (x4313) for current mileage rate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Division/Department Head

\_\_\_\_\_  
Appd. Controller