



Hamilton

Business Office

TRAVEL EXPENSE REPORT

[PLEASE UPLOAD WITH SUPPORTING RECEIPTS TO THE CHECK REQUEST PAYMENT LINK](#)

Date:	Department:
Payable To:	Phone Number:
College ID#:	Destination:
Date Required:	Purpose of Trip:
<input type="checkbox"/> Direct Deposit (must enroll through WebAdvisor)	Departure Date:
<input type="checkbox"/> Campus Mail	Return Date:
<input type="checkbox"/> Other Address:	Foreign Currency: Use www.xe.com/travel-expenses-calculator . (Instruction #2 on web form: enter all foreign exchange fees as 0%.) save as PDF & upload with this form.

Vehicle Expenses		
Personal Car Mileage		<i>Input # of miles.</i>
Mileage Reimb.	\$0.00	<i>Mileage rate as of 1/1/2018 \$0.545</i>
Rental Car Cost		
Gas for Rental Car		
Tolls		
Parking		
Taxi/Rail/Uber etc.		
Total Vehicle Expense	\$0.00	
Meal Expenses		
Meals w/Receipts		
Per Diem #of Days		<i>Input # of days. Faculty/Staff per diem: \$50/day. 7 day max unless prior approval.</i>
Amount	\$0.00	
Total Meal Expense	\$0.00	
Other Expenses		
Airfare		
Lodging		<i>Tax exempt in NYS</i>
Registration Fees		
Other		<i>Describe:</i>
Total Other Expense	\$0.00	
Less Advance (if applicable)		
GRAND TOTAL	\$0.00	

Account Number xx-x-xxxxxx-xxxx	
Account Number xx-x-xxxxxx-xxxx	

For more information, please refer to: _____

[Reimbursement Guidelines](#)

[Accounts Payable Frequently Asked Questions](#)

[Foreign Currency Calculator](#)