

Manager's Toolbox Travel Reimbursement/Advance Form

Name _____			
Account Number _____	Bard ID # _____		
Home Address _____			
City _____	State _____	Zip Code _____	
Point of Departure _____	Date _____	Time _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Point of Return _____	Date _____	Time _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Destination and Purpose of Travel: _____ _____ _____			
Relationship of Traveler to College: <input type="checkbox"/> Employee <input type="checkbox"/> Consultant <input type="checkbox"/> Lecturer <input type="checkbox"/> Other _____			

Complete for Advances Only	Advance Amount
Transportation (Common Carrier)	\$ _____
Transportation (All Other)	\$ _____
Lodging and Meal Allowances*	
No. of Days _____ Lodging \$ _____ Meals \$ _____	\$ _____ = Total \$ _____

Complete for Reimbursements		
Transportation	Meal Receipted*	Meal Reimbursement Rates
Common Carrier \$ _____	Breakfast \$ _____	(Dollar amounts are per day)
Parking \$ _____	Lunch \$ _____	Breakfast (leave before 8:00 a.m.)
Car Rental \$ _____	Dinner \$ _____	without a receipt: \$7.00
Gas \$ _____	Total \$ _____	with a receipt: up to \$10.00
Personal Car		Lunch (must be in travel status)
Miles _____ x _____ rate \$ _____	Meal Unreceipted*	without a receipt: \$10.00
Tolls \$ _____	Breakfast \$ _____	with a receipt: up to \$15.00
Taxi \$ _____	Lunch \$ _____	Dinner (arrive home after 6:30 p.m.)
Misc: _____ \$ _____	Dinner \$ _____	without a receipt: \$20.00
Total \$ _____	Total \$ _____	with a receipt: up to \$30.00
Lodging	*Not to exceed Meal Reimbursement Rates.	
No. of Days _____ Total \$ _____		

Summary of Expenses			
Transportation Expenses	\$ _____	Less Advance	\$ _____
Lodging Expenses	\$ _____	Balance Due Traveler	\$ _____
Meal Expenses	\$ _____	Balance Due Bard College	\$ _____
Total Expenses	\$ _____	(attach check)	

I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is accurate; that no portion has been paid, except as stated on this form and that the balance indicated is due or reimbursable in accordance with the College's travel policy.

Traveler Signature _____	Date _____
Department Chair Signature _____	Date _____