TRAVEL & BUSINESS EXPENSE REPORT

Columbia University in the City of New York
OFFICE OF THE EVP OF FINANCE

DATE RECEIVED BY DEPARTMENT	VOUCHER #

Important: Use this form to report **travel** and all associated expenses from ONE TRIP (leave and return to NYC area, including multiple destinations) **OR,** for misc. **business** expenses and/or local transportation (within the tri-state area, where no overnight stay occurred).

Please check only one box - not both!

Then, enter ONE date in one (using format **MM/DD/YY**), category box of the the boxes on the right according to the report checked (Travel OR Business).

[X] **Travel Expenses >>>**

FIRST DATE OF EXPENSE	TRAVEL END DATE	
09/12/08	TE	09/26/08

AP/CAR Invoice Number for Travel Expenses <<<

[ ] **Business Expenses >>>**

FIRST DATE OF EXPENSE	PERIOD END DATE
	PE

AP/CAR Invoice Number for Business Expenses <<<

Please note: For **TRAVEL EXPENSES** the AP/CAR invoice number format is TEMMDDYY and refers to the **return date to NYC** or TRAVEL END DATE.
For **BUSINESS EXPENSES** (including local transportation) the AP/CAR invoice number format is PEMMDDYY and refers to the LAST DATE OF EXPENSE (Period End date).

EMPLOYEE (PAYEE) NAME: Andrew Haas

TRAVEL ADVANCE # T

PAYEE'S HOME ADDRESS STREET: 149 E. 61 St. - Apt. 4b

CITY STATE ZIP: New York, NY 10021

DEPARTURE & ARRIVAL POINTS	
FROM	TO
NYC	Chicago

PAYEE'S SIGNATURE: X

DATE: 9/29/08

[X] Please check box if your home address has changed. NOTE: Your Dept. AP/CAR Processor must

I certify that these expenses were actual and reasonable and incurred in accordance with University policy for the official business of Columbia University.
I certify that no portion of this claim was free of charge, previously reimbursed from any other source, or will be paid from any resource in the future.

PERSONAL VEHICLE MILEAGE

# OF MILES	RATE	AMOUNT
	0.45	

DAF'S NAME (Print):

DEPT. NAME / NUMBER

DAF'S SIGNATURE: X

DATE

[ ] CHECK PICK-UP (OPTIONAL) Check box to request check pick-up. NOTE: Dept. Processor must select "Check pick-up" option in AP/CAR.

I certify that I have reviewed all claims associated with this reimbursement. I have found them to be in accordance with both Columbia University policies and procedures and the policies of any sponsoring agencies funding these activities and I hereby authorize payment.

OVERALL BUSINESS PURPOSE (for conference, attach flyer or forms)
Meetings and detector shifts at the D0 Experiment at Fermilab

DEPARTMENT CONTACT
NAME
PHONE

ITEMIZED EXPENSE DESCRIPTIONS

In the space below, describe each expense, including the business purpose.
For meals/meetings of 1-10 people, document names and relationships to CU.
For groups of over 10, document total number of attendees only.
For **ALL** expenses remember to segregate "unallowable" amounts to column B (such as any alcohol, etc.).

EXPENSE NO.	DATE OF EXPENSE	BUSINESS PURPOSES	UNSEGREGATED EXPENSES A	SEGREGATED EXPENSES B
1	9/12/08	American Airlines	$304.00	
2	9/23/08	Taxi to airport	$28.60	
3	9/23—9/26	Meals (B-$5,L-$5,D-$5 = $15 x 3 days)	$45.00	
4	9/26/08	Taxi from airport	$42.43	
Totals from Extra Page				
Totals from Average Rate Currency Conversion Worksheet				
Totals from Daily Rate Currency Conversion Worksheet				
		TOTALS	**$420.03**	

ACCOUNT NUMBER ----------	SUB-CODE	AMOUNT		
			TOTAL EXPENSE (COLUMNS A&B)	**$420.03**
			LESS PREPAID EXPENSES	
			SUBTOTAL	**$420.03**
			LESS TRAVEL ADVANCE	
			AMOUNT DUE UNIVERSITY	
	ACCOUNT DISTRIBUTION TOTAL		**AMOUNT DUE EMPLOYEE**	**$420.03**