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|---|-----------------------------|-----------|
| Columbia University in the City of New York<br>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!<br>Then, enter dates in the boxes on the right<br>(using format MM/DD/YY), according to the report<br>category box checked (Travel OR Business). | <input type="checkbox"/> Travel Expenses >>>   | <table><tr><td>FIRST DATE OF EXPENSE</td><td>TRAVEL END DATE</td></tr><tr><td></td><td>TE</td></tr></table> | FIRST DATE OF EXPENSE | TRAVEL END DATE |  | TE | AP/CAR Invoice<br>Number for Travel<br>Expenses <<<   |
|  | FIRST DATE OF EXPENSE                          | TRAVEL END DATE   |                       |                 |  |    |   |
|  | TE   |   |                       |                 |  |    |   |
|  | <input type="checkbox"/> Business Expenses >>> | <table><tr><td>FIRST DATE OF EXPENSE</td><td>PERIOD END DATE</td></tr><tr><td></td><td>PE</td></tr></table> | FIRST DATE OF EXPENSE | PERIOD END DATE |  | PE | AP/CAR Invoice<br>Number for Business<br>Expenses <<< |
| FIRST DATE OF EXPENSE  | PERIOD END DATE                                |   |                       |                 |  |    |   |
|  | PE   |   |                       |                 |  |    |   |

Please note: For TRAVEL EXPENSES the AP/CAR invoice number format is TEMDDYY 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 PEMDDYY and refers to the LAST DATE OF EXPENSE (Period End date).

|   |  |  |   |       |        |
|---|--|--|---|-------|--------|
| EMPLOYEE (PAYEE) NAME   |  |  | TRAVEL ADVANCE # T  |       |        |
| PAYEE'S HOME ADDRESS STREET   |  |  | DEPARTURE & ARRIVAL POINTS  |       |        |
|   |  |  | FROM TO   |       |        |
| CITY STATE ZIP  |  |  | FROM TO   |       |        |
| PAYEE'S SIGNATURE   |  |  | DATE  |       |        |
| X   |  |  | <input type="checkbox"/> Please check box if your home address has changed.<br>NOTE: Your Dept AP/CAR Processor must contact Vendor Maintenance with new info |       |        |
| I certify that these expenses were actual and reasonable and incurred in accordance with University policy for the official business of Columbia University.<br>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 |
|   |  |  |   | 0.485 |        |
| DAF'S NAME (Print):   |  |  | DEPT. NAME / NUMBER   |       |        |
| DAF'S SIGNATURE   |  |  | DATE  |       |        |
| X   |  |  | <input type="checkbox"/> 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.  |  |  | DEPARTMENT CONTACT  |       |        |
| OVERALL BUSINESS PURPOSE (for conference, attach flyer or forms)  |  |  | NAME  |       |        |
|   |  |  | PHONE   |       |        |

| ITEMIZED EXPENSE DESCRIPTIONS  |                 |                   | UNSEGREGATED EXPENSES A | SEGREGATED EXPENSES B |
|--|-----------------|-------------------|-------------------------|-----------------------|
| EXPENSE NO.  | DATE OF EXPENSE | BUSINESS PURPOSES |                         |                       |
| In the space below, describe each expense, including the business purpose.<br>For meals/meetings of 1-10 people, document names and relationships to CU.<br>For groups of over 10, document total number of attendees only.<br>For ALL expenses remember to segregate "unallowable" amounts to column B (such as any alcohol, etc.). |                 |                   |                         |                       |
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|  |                 |                   |                         |                       |

|  |          |        |                             |  |
|--|----------|--------|-----------------------------|--|
| Totals from Extra Page                                 |          |        |                             |  |
| Totals from Average Rate Currency Conversion Worksheet |          |        |                             |  |
| Totals from Daily Rate Currency Conversion Worksheet   |          |        |                             |  |
| TOTALS   |          |        |                             |  |
| ACCOUNT NUMBER   | SUB-CODE | AMOUNT | TOTAL EXPENSE (COLUMNS A&B) |  |
|  |          |        | LESS PREPAID EXPENSES       |  |
|  |          |        | SUBTOTAL                    |  |
|  |          |        | LESS TRAVEL ADVANCE         |  |
|  |          |        | AMOUNT DUE UNIVERSITY       |  |
| ACCOUNT DISTRIBUTION TOTAL                             |          | \$0.00 | AMOUNT DUE EMPLOYEE         |  |