



BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.

199 Chambers Street, Rm S233

New York, N.Y. 10007

Phone: (212) 220-8163

TRAVEL EXPENSE VOUCHER

PLEASE TYPE OR PRINT IN INK

NAME:						
E-MAIL ADDRESS:				CUNY ID #		
NAME OF EVENT:						
DATES:						
DEPARTURE	CITY					
	TIME					
ARRIVAL AT DESTINATION	CITY					
	TIME					

ITEMIZED EXPENSES – ATTACH ORIGINAL RECEIPTS

TRANSPORTATION PAID BY TRAVELER:					
HOTEL AND MEALS:	(SEE BACK OF THIS PAGE FOR ALLOWABLE HOTEL EXPENSES)				
HOTEL EXPENSE:					
BREAKFAST :					
LUNCH :					
DINNER					
TOTAL ALLOWANCE PER DAY:					

CERTIFICATION:

I HEREBY CERTIFY THAT THE AMOUNT OF EXPENDITURES IS A TRUE AND ACCURATE STATEMENT OF DISBURSEMENTS MADE BY ME AND THAT WERE NECESSARY IN THE PERFORMANCE OF MY DUTIES; THAT NO PART THEROF HAS BEEN PAID AS STATED HERE AND THAT THE BALANCE HERIN STATED IS ACTUALLY DUE AND OWING ME.

SIGNATURE OF TRAVELER

DATE SUBMITTED

BMCC ASSOCIATION, Inc USE ONLY:

TOTAL AMOUNT OF VOUCHER _____ VOUCHER APPROVED FOR _____

CHARGE TO Club / SGA Activity _____