

# MOUNT HOLYOKE

MOUNT HOLYOKE COLLEGE

## TRAVEL & ENTERTAINMENT EXPENSE REPORT

Name:				Destination:			
Reimb. Address:				Purpose:			
City, State Zip:						<input type="checkbox"/> 84200 Dept Travel	(if required)
		CO (4)	Acct Unit (6)	* <input type="checkbox"/>	Activity (6)		

\*Check & fill in if other Accounting

Date	Description	Personal Auto		Air Fare	Other Trans	Hotel	Conference Fee	Meals			Entertainment Complete Pg 2 of Form	Other Expenses	Total
		Miles	Amount					Breakfast	Lunch	Dinner			
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
Totals			0.00	0.00	0.00	0.00	0.00	Total Meals		0.00	0.00	0.00	0.00
Sub-Account			-0084	-0081	-0085	-0082	-0001			-0083	84250-01	-0086	

You must provide **ORIGINAL, ITEMIZED** receipts for any expenses over \$25.00. Receipts are **required** to be submitted within 90 days from date of travel.

Total Expenses	<b>\$0.00</b>
Less MHC Advance	
<b>Total</b>	<b>\$0.00</b>

I hereby certify that the above amounts as itemized are true and correct and request reimbursement as reported.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Approval of Accounting Unit (Department) Budget Authority**

Signature: \_\_\_\_\_

Date \_\_\_\_\_