MASSACHUSETTS INSTITUTE OF TECHNOLOGY
CONTROLLER'S ACCOUNTING OFFICE
TRAVEL EXPENSE VOUCHER

COST OBJECT_____
ACCTG. VOUCHER NO._____

EMPLOYEE ☐ YES ☐ NO

NAME_____ DATE OF BIRTH_____
HOME ADDRESS_____
MAILING ADDRESS_____
DATE TRIP STARTED_____TIME_____AM/PM DATE TRIP ENDED_____TIME_____AM/PM
PURPOSE OF TRIP_____

TRANSPORTATION

DATE	FROM	TO	MODE	AMOUNT $
	PRIVATELY OWNED AUTOMOBILE_____MILES @ _____PER MILE			
	TOLL CHARGES_____			
	TAXI, BUS, ETC.			
DATE	FROM	TO	MODE	

SUBSISTENCE

HOTEL — NUMBER OF NIGHTS
NUMBER OF MEALS

PER DIEM ALLOWANCE (IN LIEU OF HOTEL AND MEAL CHARGES) DAYS @ PER DAY

OTHER EXPENSES (ITEMIZE)

PLEASE ATTACH STUBS AND HOTEL BILLS	TRAVELER'S EXPENSE	$	$
	LESS ADVANCES (CASH, REGISTRATIONS, DEPOSITS, FURNISHED TICKETS)	$	
	NET DUE: MIT	$	
	NET DUE: TRAVELER	$	
SIGNATURE OF TRAVELER DATE			
APPROVED DATE			
	TOTAL COST OF TRIP		$

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