

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

C/O _____ \$ _____
 C/O _____ \$ _____
 C/O _____ \$ _____
 C/O _____ \$ _____

ACCTG. VOUCHER NO. _____

NAME _____ EMPLOYEE STUDENT

ADDRESS _____

DATE TRIP STARTED: _____ DATE TRIP ENDED: _____

PURPOSE OF TRIP _____

TRANSPORTATION				AMOUNT
DATE	FROM	TO	MODE	
PRIVATELY OWNED AUTOMOBILE _____ MILES @ _____ PER MILE TOLL CHARGES _____				
TAXI, BUS, ETC.				AMOUNT
DATE	FROM	TO	MODE	
SUBSISTENCE				AMOUNT
HOTEL		NUMBER OF NIGHTS		
		NUMBER OF MEALS		
PER DIEM ALLOWANCE FOR FOREIGN TRAVEL ONLY OR PRE APPROVED DOMESTIC TRAVEL:				
(IN LIEU OF HOTEL AND MEAL CHARGES)		DAYS @	PER DAY	
OTHER EXPENSES (ITEMIZE)				
PLEASE ATTACH TICKET STUBS AND HOTEL BILLS		TRAVELER'S EXPENSE		
		LESS ADVANCES (Cash/Registrations/Deposits/Furn.Tickets)		
		NET DUE: MIT		
		NET DUE: TRAVELER		
SIGNATURE OF TRAVELER _____		DATE _____		
AUTHORIZED SIGNER ON THE ROLES DATABASE SYSTEM _____		DATE _____		
TOTAL COST OF TRIP				