

PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO
Ponce, Puerto Rico 00717-9997

Travel Expense Form: (To be filled out upon TERMINATION of trip)

Submitted by _____ Department Number 1100-5305-6019-60
 Authorization by Gilda Rivera Employee Number _____

Date & purpose of trip: _____

When the money is request in ADVANCE

Amount received	\$	-
Less expenses	\$	-
Balance		<u>\$0.00</u>

IMPORTANT: Debit balance should be reimbursed to traveler. Please send another requisition attached to this form. Credit balance: To be refund to the

SUMMARY OF EXPENSE

		SUB - TOTAL
I - TRANSPORTATION:		
Air, fare (economy class)	\$	-
Car Rental	\$	-
Taxi	\$	-
Toll		
Gasoline	\$	-
Parking		
Own Car (milleage rate 40¢) - (number of miles)		
II - SUBSISTENCE COST:		
III - LODGING COST:		
Name of hotel (including taxes)		
Number of days		
Telephone		
IV - MISCELLANEOUS:		
Registration fee		
Other	\$	-
GRAND TOTAL	\$	-

NOTICE: Ticket stubs, receipts, paid bills, any other evidence of a **CERTIFICATE** of expenses should be attached to this form.

I certify that the above items are **CORRECT** and that:

- 1) The most **ECONOMICAL** and **CONVENIENT** means of transportation were used and,
- 2) Expense for hotel, meals and miscellaneous item were **REASONABLE**.

Checked by: _____ SIGNED: _____
 Date: _____