

CANISIUS COLLEGE EXPENSE REPORT

Name: _____ Dept: _____ I document number: _____

ID# 00 _____ Date Submitted: _____ Index Number(s): _____

Purpose (include date, location, reason): _____

SECTION 1: TRANSPORTATION (801351)											Indicate Payment Type				
Date	From	To	Airfare	Taxi Bus	Mileage- Miles*	Personal Car Rate	Reimb	Parking	Tolls	Other Description	Other Amount	Total Expenses	Total P-Card	Total Personal	
						0.565	0.00					0.00			
						0.565	0.00					0.00			
						0.565	0.00					0.00			
						0.565	0.00					0.00			
						0.565	0.00					0.00			
SECTION 1 TRANSPORTATION TOTALS:											0.00	0.00	0.00		
SECTION 2: LODGING AND MEALS (801355)											Total Expenses	Total P-Card	Total Personal		
Date	Name and location of Hotel or Restaurant		Lodging	Bfst	Lunch	Other	Dinner	Names of Guests							
											0.00				
											0.00				
											0.00				
											0.00				
											0.00				
SECTION 2 LODGING/MEALS TOTALS:											0.00	0.00	0.00		
SECTION 3: OTHER EXPENSES, including registration fees or any other expense											Total Amount	Total P-Card	Total Personal		
Date	Type of expense		GL Line	Description											
	Registration or Admission fee		801358												
	Other Expense:														
	Other Expense:														
	Other Expense:														
SECTION 3: OTHER EXPENSE TOTALS:											0.00	0.00	0.00		
APPROVALS			Date:	Non-employees: provide mailing address											
Employee signature:									Totals						
Supervisor signature:									Less previous credits or advances						
Supervisor name printed:									Net Reimbursement						
									0.00	0.00	0.00				
											0.00				

* Please attach a printout from MapQuest or Google maps to substantiate the miles driven. Give miles to the nearest tenth.
 After approval, please forward this Expense Report with all supporting receipts to the Controller's Office, Health Sciences Building.