NEW ENGLAND COLLEGE
TRAVEL EXPENSE REPORT*

Legal Name _____ Department name: _____

ID Number

Date	Description	Transportation					Meals	Lodging	Tips	Other	TOTAL
		Private Car		Parking		Other					
		Miles	Amount	& Tolls	Cab/Limo	Fares					

Employee signature: _____	Date: _____	Total expenses	
Budget Officer approval: _____	Date: _____	Less: Amount advanced	
GL line to be charged: _____		Amount due employee:	
_____		Amount due NEC:	

Please attach all receipts using a stapler. **Return all unused cash advance monies to Student Financial Services.**

***All expenses must be reimbursed within current fiscal year, (received by June 15th), with June expenses to be submitted on or before July 15th.**