

NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.
TRAVEL EXPENSE REPORT
 (Complete all but shaded areas)

Accounts Payable Department
 1050 Massachusetts Avenue
 Cambridge, MA 02138

PAYEE NUMBER	CHECK NUMBER	CHECK DATE
PAYEE NAME ALBERTO BISIN		
ADDRESS 110 BLEECKER STREET		
ADDRESS APT. 28B		
CITY, STATE, ZIP NEW YORK, NY 10012		

CHARGE THE FOLLOWING ACCOUNTS:

Project, Grant or Conference Name	Project/Grant/Conf Number				Object Code	Amount
	Project xxxxx	Yr xx	Sub xx	Addl xx		
<i>Culture & Institutions</i>	<i>18420</i>	<i>19</i>	<i>52</i>	<i>00</i>	<i>7300</i>	<i>250.00</i>
TOTAL AMOUNT OF CHECK						<i>0.00 250.00</i>

DATES						SUB-TOTALS
Description (Itinerary)						<i>250</i>
Air and Rail Fare						<i>0.00 483.80</i>
Automobile						<i>0.00</i>
Local Travel						<i>0.00</i>
Meals						<i>0.00</i>
Lodging						<i>0.00</i>
Other Expenses						<i>0.00 250</i>
					Subtotal of expenses	<i>0.00 483.80</i>
LESS: NBER Credit Card Items				\$		<i>0.00</i>
Travel Advance				\$		
Other (specify)				\$		
					Amount due to/(from) traveler \$	<i>250</i>
						<i>0.00 483.80</i>

PURPOSE OF TRIP/EXPLANATION MEETING ON CULTURE & INSTITUTIONS	Departure Date <i>4-26-19</i>
	Return Date <i>4-27-19</i>

PERSON REQUESTING CHECK <i>[Signature]</i>	In signing this I certify that these expenses are not being reimbursed by any other organization.	DATE <i>5-3-19</i>
APPROVAL SIGNATURE <i>[Signature]</i>		DATE <i>4/11/19</i>