

NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.

TRAVEL EXPENSE REPORT

(Complete all but shaded areas)

Accounts Payable Department
1050 Massachusetts Avenue
Cambridge, MA 02138

VENDOR NUMBER		CHECK NUMBER	CHECK DATE					
VENDOR NAME								
ADDRESS								
ADDRESS								
CITY, STATE, ZIP								
CHARGE THE FOLLOWING ACCOUNTS:								
PROJECT NAME	PROGRAM	PROJECT	SUB	YR	NUMBER SOURCE	PI	OBJECT CODE	AMOUNT
TOTAL								\$
DATE								SUB-TOTALS
DESCRIPTION (ITINERARY)								
AIR AND RAIL FARE								
AUTOMOBILE								
LOCAL TRAVEL								
MEALS								
LODGING								
OTHER EXPENSES								
TOTAL								\$
LESS: NBER Credit Card Items						\$		
Travel Advance						\$		
Other (specify) _____						\$		
Balance Due Traveler								\$
Balance Due NBER (attach check)								\$
PURPOSE OF TRIP/EXPLANATION							DEPARTURE DATE	
							RETURN DATE	
TRAVELER'S SIGNATURE							DATE	
In signing this I certify that these expenses are not being reimbursed by any other organization.								
APPROVAL SIGNATURE							DATE	

Note: See travel regulations for limitations on expenses and specific requirements for receipts and documentation.