

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							
ADDRESS							
ADDRESS							
CITY, STATE, ZIP							
CHARGE THE FOLLOWING ACCOUNTS:							
Project, Grant or Conference Name	Project	Yr	Sub	Addl	-	Object Code	Amount
	XXXXX	XX	XX	XX	-	XXXX	
TOTAL AMOUNT OF CHECK							
DATES							SUB-TOTALS
Description (Itinerary)							
Air and Rail Fare							
Automobile							
Local Travel							
Meals							
Lodging							
Other Expenses							
						Subtotal of expenses	
LESS: NBER Credit Card Items						\$ _____	
Travel Advance						\$ _____	
Other (specify)						\$ _____	\$
						Amount due to/(from) traveler	\$
PURPOSE OF TRIP/EXPLANATION							Departure Date
							Return Date
PERSON REQUESTING CHECK							DATE
In signing this I certify that these expenses are not being reimbursed by any other organization.							
APPROVAL SIGNATURE							DATE