NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.

TRAVEL EXPENSE REPORT

(Complete all but shaded areas)

NBER
Conference 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/Conf Number Project	Yr	Sub	Addl	Object Code	Amount
Conference name	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					

LESS: NBER Credit Card Items $

Travel Advance $

Other (specify) $ $

☐ Micropurchase

Balance Due Traveler $

Balance Due NBER (attach check) $

PURPOSE OF TRIP/EXPLANATION

Departure Date

Return Date

PERSON REQUESTING CHECK **In signing this I certify that these expenses are not being reimbursed by any other organization.** DATE

APPROVAL SIGNATURE DATE

Revised 06/2015