

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	BATCH NUMBER	INVOICE ID NUMBER	PAYEE SOCIAL SECURITY NUMBER						
VENDOR NAME									
ADDRESS									
ADDRESS									
CITY, STATE, ZIP									
CHARGE THE FOLLOWING ACCOUNTS:									
PROJECT NAME	PROGRAM	PROJECT	SUB	YR	F NUMBER SOURCE	PI	OBJECT CODE	AMOUNT	
	□□	□□□□	□□	□	□□□	□□□□	□□□□□		
	□□	□□□□	□□	□	□□□	□□□□	□□□□□		
	□□	□□□□	□□	□	□□□	□□□□	□□□□□		
	□□	□□□□	□□	□	□□□	□□□□	□□□□□		
TOTAL								\$	
DATE	DESCRIPTION (ITINERARY)	AIR AND RAIL FARE	AUTOMOBILE	LOCAL TRAVEL	MEALS	LODGING	OTHER EXPENSES	SUB-TOTALS	
TOTAL								\$	0.00
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		
APPROVAL SIGNATURE							DATE		

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