SAMPLE

C/O		$
C/O		$
C/O		$
C/O		$

MASSACHUSETTS INSTITUTE OF TECHNOLOGY
CONTROLLER'S ACCOUNTING OFFICE
TRAVEL EXPENSE VOUCHER

ACCTG. VOUCHER NO.

NAME Adam Smith **EMPLOYEE** No **STUDENT** No

ADDRESS 32 Pleasant Street Boston, MA 02130

DATE TRIP STARTED 6/24/2005 **TIME** 9:00 AM **DATE TRIP ENDED** 6/30/2005 **TIME** 5:00 PM

PURPOSE OF TRIP ACL 2005 Conference in Ann Arbor, Michigan

TRANSPORTATION				
DATE	FROM	TO	MODE	AMOUNT
6/24/2005	Boston	Detroit	air	$ 132.00
6/30/2005	Detroit	Boston	air	
	PRIVATELY OWNED AUTOMOBILE none MILES @ 0.4 PER MILE			
	TOLL CHARGES			
TAXI, BUS, ETC				
DATE	FROM	TO	MODE	
6/24/2005	airport	hotel	taxi	32.00
6/30/2005	hotel	airport	taxi	32.00
SUBSISTENCE				
HOTEL	Ann Arbor Hotel	NUMBER OF NIGHTS	4	300.00
		NUMBER OF MEALS	12	192.00
OTHER EXPENSES (ITEMIZE)				
Conference Registration fee				216.00

PLEASE ATTACH TICKET STUBS AND HOTEL BILLS	TRAVELER'S EXPENSE	$ 904.00	$ 904.00
	LESS ADVANCES: (Cash, Registrations, Deposits, Furn.Tickets)	$ 0.00	
	NET DUE: M.I.T.	$	
	NET DUE: TRAVELER	$ 904.00	
SIGNATURE OF TRAVELER DATE			
AUTHORIZED SIGNER ON THE ROLES DATA BASE SYSTEM DATE			
	TOTAL COST OF TRIP		$ 904.00