Community College of Rhode Island  
Modified version of Department of Administrations Form  
OUT-OF-STATE TRAVEL EXPENSE REPORT  
Voucher number: Check Date: Check Number: (for accounting use only)

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>CCRI ID#:</th>
<th>Title:</th>
<th>Department:</th>
<th>Division:</th>
<th>Period Covered:</th>
<th>Start Date:</th>
<th>Time:</th>
<th>End Date:</th>
<th>Time:</th>
<th>Purpose of Travel:</th>
</tr>
</thead>
</table>

### DESCRIPTION OF CHARGES:
- Transportation Charges (excluding auto)
- Hotel
- Car Rental
- Taxi/Shuttle/Parking/Tolls
- Misc:

### REQUIRED DOCUMENTATION
Included  Not Applicable
- Travel Itinerary(s)
- Ticket(s) or Ticketless Itinerary(s)
- Hotel Detail Bill
- Agenda
- Car Rental Receipt
- Copy of TR-1
- Taxi/Shuttle
- Parking/Tolls
- Miscellaneous

**OVERPYMT RETURN TO T/A**
**LESS PREPAYMENT**
**LESS CREDIT DUE**

**SUBTOTAL**

**PER DIEM:**
- Meals # X $ 15.00
- Meals # X $ 30.00
- Miscellaneous # X $ 5.00

**SUBTOTAL**

**NOTE:** Original receipts are needed for items over $5.00. Attach explanation for any missing documentation/justification for extra night's stay.

**COMMENTS:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
</table>

### IF MILEAGE CLAIMED: Vehicle(s) Make | Model | Year | Registration |

Auto Insurance Carrier:  ***LEAVE BLANK***

Auto Policy Expiration Date: 

<table>
<thead>
<tr>
<th>DATE</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
</table>

**ODOMETER READING**

<table>
<thead>
<tr>
<th>START</th>
<th>FINISH</th>
<th>MILES (rounded)</th>
</tr>
</thead>
</table>

Total miles

<table>
<thead>
<tr>
<th>ORGANIZATION CODE (FUND CODE FOR GRANTS)</th>
<th>ACCOUNT CODE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TOTAL DUE TRAVELER</th>
<th>ORGANIZATION CODE (FUND CODE FOR GRANTS)</th>
<th>ACCOUNT CODE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

I hereby certify that throughout the above dates I have maintained a valid operator's license and my vehicle(s) has been properly registered and insured; that the above mileage is correct and was incurred for official state business. The travel from my residence was shorter than the travel between my official station and the destination; that this travel expense complies with the state travel regulations.

Signature of Traveler

Initials of Supervisor  Signature of Authorized Agent