



EXPENSE REPORT

Employee:		Department:	
Date:		Dept. Location:	
Supervisor:		Account #:	

Date	Description/Business Purpose:	Trans	Lodging	Meals	Other	TOTAL
Expense Totals:						
		Advances Received:				
		Balance due Employee:				
		Balance due NYIT:				

I certify that the above expenses were incurred in accordance with applicable NYIT procedures and were directly related to my official duties at NYIT.

Employee Signature:	Date
Employee's Supervisor:	Date
Budget Department:	Date