

**SUNY DELHI
TRAVEL RECONCILIATION
Worksheet**

This form **MUST** be submitted to the accounts payable office for each trip you have more than one overnight stay.
This form must be attached to your **COMPLETED** travel voucher.

Empl. ID# _____

Account(s) to be charged: _____

Name: _____

Last 4 digits travel card#: _____

Position/Title _____

Last 4 digits NET card#: _____

Date	Destination	Overnight stay?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

******ATTACH ALL ORIGINAL RECEIPTS and TRIP DETAIL INFORMATION******

List of Actual Expenses

	Out of Pocket Expenses	Fuel Card	Travel Card	NET Card	Total
1. Transportation (Taxi, Bus, Rail etc)					
2. Hotel Accommodations					
3. Parking					
4. Tolls					
5. Per Diem Meals					
5.a. Receipted meals					
6. Gasoline					
7. Personal Mileage (attach AC160)					
8. Other (provide details)					
9 Total Expenses					\$ -
10 Deduct Cash Advance					
11 Deduct Travel Card total					
12 Deduct NET Card total					
13 Deduct Fuel Card total					
14 Negative total=due SUNY Positive total=due traveler					

Traveler signature: _____ Date: _____

Supervisor signature: _____ Date: _____

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