RESEARCH FOUNDATION CUNY

JOHN JAY COLLEGE OF CRIMINAL JUSTICE CUNY

E-Travel Expense Voucher and Request for Payment

Traveler's Name _____

Mailing Address _____

_____

City _____

State _____ **Zip Code** _____

BOX **MUST** BE CHECKED
US CITIZEN/PERMANENT RESIDENT ☐ YES ☐ NO
Permanent Resident means the person is a green card holder

Purpose of Trip:

ITINERARY

Date							
Departure: City							
Time							
Destination: City							
Time							

EXPENSES

								Total
Transportation								$ 0.00
Lodging								$ 0.00
Meals								$ 0.00
Local Travel								$ 0.00
Auto-No of Miles Traveled								
($ 0.56 per mile)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Other:								$ 0.00
Other:								$ 0.00
Other:								$ 0.00
							Total Expenses	$ 0.00
Traveler certifies that this request is accurate and correct and that the traveler endeavored to obtain best pricing for transportation and lodging expenses							**Less Advances**	
							Net Amount Due	$ 0.00

_____ _____

Signature of Claimant **Date**