

Williams College - Controller's Office - Travel Reimbursement Form

Vendor Legal Name:	Date(s) of Trip:
Address: (required for all Vendors)	Destination:
	Purpose of Trip:

Description	PS Account	Fund (3)	Dept. ID (7)	Proj/Grnt (6)	Amount (insert a decimal)
Trains, cabs, tolls, subway, gas (for rental car)	541000				
Airfare	541010				
Mileage (55.5 cnts) # of miles	541030				
Car Rental (non college)	541500				
Parking	541600				
Lodging (hotel)	542000				
Gratuities	543250				
Meals (List dates/amounts/attendees)	542250				

Date of Meal	\$ Amount of Meal	Attendees and Business Purpose
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Other Expenses	PS Account (6)	Fund (3)	Dept. ID (7)	Proj/Grnt (6)	Amount (insert a decimal)
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Vendor Classification:

Wms. Employee Wms. Student Other:

Prepared by: _____ **Date** _____

Authorized by: _____ **Date** _____

Total Expenses:

Less Funds Advanced:

Amount Due You:

Amount Due College: