NFTA
Niagara Frontier Transportation Authority Serving Buffalo Niagara

Employee Name:	
Employee Department/Division	
Date of Departure:	Actual Time of Departure:
Date of Return:	Actual Time of Return:
General Ledger Number to be Charged:	

EXPENSE REIMBURSEMENT FORM

NOTE: Meals must be entered for each day of travel

									Original
		Trans-							Receipts
Date	Description	portation	Breakfast	Lunch	Dinner	Lodging	Misc.	Total	Attached
	LESS TRAVEL ADVANCE								
	Total Reimburseable Expenses								

Checklist for Submission - the following must be attached

Approved Travel Request

Original Receipts

CONFERENCE/MEETING AGENDA.

Boarding documents

I hereby certify that the above statement of travel expenses and documents annexed are just, true and correct and that the balance stated is actually due and owing:

Employee Signature:		Date:	
Approved By:	Title:	Date:	
Reviewed by CFO:		Date:	