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

Date	Description	Trans-portation	Breakfast	Lunch	Dinner	Lodging	Misc.	Total	Original Receipts Attached
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
								$ 0.00	☐
	LESS TRAVEL ADVANCE							$ 0.00	
	Total Reimburseable Expenses							$ 0.00	

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:	

ATTACHMENT B