



Travel and Business Expense Report

Instructions/Purpose: The employee or visitor should complete this form when reimbursement is being requested. The completed and signed Travel and Business Expense Report (TABER) form with all appropriate receipts attached should be submitted after department approval to Accounts Payable, ASB, Room 302, 65 Davidson Road, Piscataway, NJ 08854, Busch Campus.

Department Reference Field (optional):

Employee Visitor

Traveler Name: Jane Doe	Request Date: 4/9/2008
Campus/Visitor Mailing Address: Alexander Library 169 College Ave - NB	Campus/Visitor Phone Number: 732-932-7505
<p>*Checks will automatically be mailed to the above address, unless you select one of the options below:</p> <p><input type="checkbox"/> Call for Check Pickup <small>You must fill in full name and number of full time Rutgers employee.</small></p> <p><input type="checkbox"/> Send check to Approver's location via <input type="checkbox"/> Old Queens Courier <input type="checkbox"/> Cook Courier <input type="checkbox"/> Camden Courier <input type="checkbox"/> Newark Courier</p> <p><input type="checkbox"/> Other Courier</p>	

Date	Description	Mileage	Amount
04/05/08 - 04/08/08	Registration for SirsiDynix Superconference 2008		\$400.00
04/05/08 - 04/08/08	3 nights at Detroit Marriott		\$479.55
04/05/08 - 04/08/08	Roundtrip airfare - Newark, NJ to Detroit, MI		\$299.00
04/05/08 - 04/08/08	Parking at Newark Avistar - lost receipt		\$51.82
04/05/08	Taxi from Detroit airport to hotel		\$49.00
04/08/08	Shuttle from hotel to Detroit airport - no receipt		\$15.00
04/05/08	80% at \$46 per diem for food		\$36.80
04/06/08 - 04/08/08	\$46 per diem for food for 3 days		\$138.00

Please Explain the Reason or Purpose of Business Reimbursement: (Required) To attend the annual SirsiDynix Superconference 2008 at the Detroit Marriott at the Renaissance Center, Detroit MI from 04/05/08 - 04/08/08 for informational sessions on Unicorn and upgrades for our integrated library system	Total Amount	\$1,469.17
	Less Amount Disallowed	
	Reimbursable Expenses	\$1,469.17
	Less Cash Advances	
	Amount Due Traveler (or University)	\$1,469.17

Requester's Signature: _____ Campus Phone Number: <u>2-7505</u>	Approver's Signature: _____ Print Name: <u>Nancy Hendrickson</u>
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Account Distribution					
Fund Source (Account)	Organization	Natural Account	Department Activity 1	Department Activity 2	Amount
202424	10164	3500			\$1,469.17
Advance Amount					
Reimbursement Amount				\$1,469.17	