

**NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.**  
**TRAVEL EXPENSE REPORT**  
 (Complete all but shaded areas)

Conference Department  
 1050 Massachusetts Avenue  
 Cambridge, MA 02138

VENDOR NUMBER	CHECK NUMBER	CHECK DATE							
VENDOR NAME									
ADDRESS									
ADDRESS									
CITY, STATE, ZIP									
CHARGE THE FOLLOWING ACCOUNTS:									
PROJECT NAME	ACCOUNT NUMBER							AMOUNT	
	PROGRAM	PROJECT	SUB	YR	SOURCE	PI	OBJECT CODE		
	_ _	_ _ _ _	_ _	_	_ _	_	_ _ _ _		
	_ _	_ _ _ _	_ _	_	_ _	_	_ _ _ _		
	_ _	_ _ _ _	_ _	_	_ _	_	_ _ _ _		
	_ _	_ _ _ _	_ _	_	_ _	_	_ _ _ _		
							TOTAL	\$	
DATE							SUB-TOTALS		
DESCRIPTION (ITINERARY)									
AIR AND RAIL FARE									
AUTOMOBILE									
LOCAL TRAVEL									
MEALS									
LODGING									
OTHER EXPENSES									
							TOTAL	\$	
LESS: NBER Credit Card Items					\$	_____			
Travel Advance					\$	_____			
Other (specify) _____					\$	_____ \$			
Amount due to / (from) traveler							\$		
PURPOSE OF TRIP/EXPLANATION							DEPARTURE DATE		
							RETURN DATE		
TRAVELER'S SIGNATURE <b>In signing this I certify that these expenses are not being reimbursed by any other organization.</b>							DATE		
APPROVAL SIGNATURE							DATE		

Note: See travel regulations for limitations on expenses and specific requirements for receipts and documentation.  
 Revised 11/2009