



Rudolph Campus 150 Idle Hour Blvd. Oakdale, NY 11769
 Brookhaven Campus 1300 William Floyd Pkwy. Shirley, NY 11967
 Melville Center 145 Pinelawn Rd., Suite 350S Melville, NY 11747
 1.800.DOWLING www.dowling.edu

2007 EXPENSE STATEMENT

TRAVELLER _____ Name _____ Address _____ City, State/Province, Postcode, Country _____	Vendor # _____ Purpose _____ Signature _____	PERIOD _____ From _____ To _____
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Date	Fund	Org	Acct	Description	Meals	Lodging	Airfare	Car Rental	Parking	No. of Miles	Other	TOTAL

Under penalties of perjury, I declare that I have examined this form and all attachments thereto & to the best of my knowledge & belief this is a true accounting of expenses for my attendance at the imgCIF Workshop(s) 14 and/or 17 Aug 07 in the UK & that any attached receipts are originals or true and accurate copies thereof. I further declare that I have not & will not claim reimbursement for the same expenses from any other source.
 Signed _____ Date _____

Subtotal	
Subtract Advances	
TOTAL	

APPROVAL
Name _____
Signature _____
Date _____

NOTES
Mileage reimbursement rate: \$.485 Meals per diem: \$40.00 per day <i>effective January 1, 2007.</i>

<input type="checkbox"/> Reimbursement <input type="checkbox"/> Advance <input type="checkbox"/> Itemized Expense List ONLY

FINANCE APPROVAL	ACCOUNTING DEPARTMENT USE
JG _____	DOC #I _____ BANK _____ DUE DATE _____
DATE _____	DATE ENTERED _____ BY _____ NSF <input type="checkbox"/> Yes <input type="checkbox"/> No