NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.

TRAVEL EXPENSE REPORT

(Complete all but shaded areas)

Accounts Payable Department 1050 Massachusetts Avenue Cambridge, MA 02138

PAYEE NUMBER		CHECK NUME	BER			CHECK DATE			
PAYEE NAME									
ADDRESS									
ADDRESS									
CITY, STATE, ZIP									
CHARGE THE FOLLOWING ACCOUNT	NTS:								
Project, Grant or Conference Name		Prog/ Project/G Dept - Project		Frant/Conf Number Yr Sub Addl -		Funding Source -	Object - Code	_	Amount
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					- -		-	-	
									# 0.00
						TOTAL AMC	OUNT OF CHECK	T	\$0.00
DATES Description								1	SUB-TOTALS
(Itinerary)									
Air and Rail Fare									
Automobile									
Local Travel									
Meals									
Lodging									
Other Expenses									
LESS: NBER Credit Card Items \$								_	
Travel Advance \$								_	
Other (specify)						\$		\$	
Balance Due Traveler									
Balance Due NBER (attach check)									
PURPOSE OF TRIP/EXPLANATION								Dep	arture Date
									urn Date
PERSON REQUESTING CHECK In signing this I certify that these expenses are not being reimbursed by any other organization.								DATE	<u> </u>
APPROVAL SIGNATURE								DATE	Ē
I									

Revised 06/2015