

**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
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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	DESCRIPTION (ITINERARY)	AIR AND RAIL FARE	AUTOMOBILE	LOCAL TRAVEL	MEALS	LODGING	OTHER EXPENSES	SUB-TOTALS

TOTAL \$

LESS: NBER Credit Card Items	\$	_____	
Travel Advance	\$	_____	
Other (specify) _____	\$	_____	\$ _____

Amount due to / (from) traveler \$ \_\_\_\_\_

PURPOSE OF TRIP/EXPLANATION	DEPARTURE DATE
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	RETURN DATE
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TRAVELER'S SIGNATURE <b>In signing this I certify that these expenses are not being reimbursed by any other organization.</b>	DATE
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APPROVAL SIGNATURE	DATE
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Note: See travel regulations for limitations on expenses and specific requirements for receipts and documentation.  
 Revised 11/2009