

**NYSC-AAUP EXPENSE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ Dates: \_\_\_\_\_

**Please Note: under IRS regulations, original receipts must accompany this form to verify expenses**

**Traveler's Personal Expense Reimbursement**  
*(use reverse side to itemize daily expenditures)*

Air or Rail.....>	\$
Car Rental.....>	\$
_____ Miles @ .485 per mile.....>	\$
Local Travel (taxi, metro, bus, etc.).....>	\$
Lodging accommodations (hotel, etc.).....>	\$
Meals.....>	\$
Other (parking, gas, toll, tips, etc.....>	\$
<b>-TOTAL.....&gt;&gt;&gt;&gt;</b>	<b>\$</b>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form and your receipts to: Patrick Cihon,  
P.O. Box 35015  
Syracuse, NY 13235

