NBER
Conference Department
1050 Massachusetts Avenue
Cambridge, MA 02138

NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.
TRAVEL EXPENSE REPORT

PAYEE NUMBER		CHECK NUMBER	CHECK DATE

PAYEE NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CHARGE THE FOLLOWING ACCOUNTS:

Project, Grant, or Conference Name	Project/Grant/Conf Number (for staff) XXXXX . XX . XX . XX - XXXX	Amount
	. . . -	
	. . . -	
	. . . -	
	. . . -	
	. . . -	
	. . . -	
	. . . -	
	. . . -	
	TOTAL AMOUNT OF CHECK	0.00

DATES					SUB-TOTALS
Description (Itinerary)					
Air and Rail Fare					0.00
Automobile					0.00
Local Travel					0.00
Meals					0.00
Lodging					0.00
Other Expenses					0.00
				Subtotal of expenses	0.00

LESS: NBER Credit Card Items $ _____ 0.00

Travel Advance $ _____

Other (specify) $ _____ $

☐ Micropurchase

Amount due to/(from) traveler $ 0.00

PURPOSE OF TRIP/EXPLANATION

Departure Date

Return Date

SIGNATURE OF PERSON REQUESTING CHECK **In signing this I certify that these expenses are not being reimbursed by any other organization.** DATE

APPROVAL SIGNATURE DATE

Revised 04/2017