

**CORNELL UNIVERSITY  
LOCAL TRANSPORTATION DETAILED TRAVEL SHEET**

			Date
Payee's Last Name	Payee's First Name	Account to be Charged	Unit Name
Home Address	City/Town	State/Province	CUCE NYC
			Zip/Postal Code

Travel Date	Travel From	Travel To	Business Purpose of Trip	Transportation Cost
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
	Place: Address: City/State:	Place: Address: City/State:		
<b>TOTAL EXPENSES</b>			<b>\$</b>	<b>-</b>

**PAYEE CERTIFICATION & APPROVALS**

I certify that these charges are accurate and that I am not claiming reimbursement from another source.

Payee Signature	Date	Prepared by (Print Name)	E-mail (Net Id) <span style="float: right;"><a href="mailto:_____@cornell.edu">@cornell.edu</a></span>	Phone/Ext
Supervisor Signature	Date	Print Name	E-mail	Phone/Ext
Supervisor Signature	Date	Carol Parker Print Name	<a href="mailto:cmp10@cornell.edu">cmp10@cornell.edu</a> E-mail	212-340-2922 Phone/Ext