

**THE NEWBERRY LIBRARY CENTER FOR RENAISSANCE STUDIES
60 WEST WALTON ST., CHICAGO, IL 60610-7324
(312) 255-3514**

CONSORTIUM UNIVERSITY TRAVEL EXPENSE REPORT

Submitted by: _____ Date: _____

Home Address: _____

Social Security Number: _____ Phone: _____

Date(s) & Purpose(s) of expense:

EXPENDITURES

DATE	TRANSPORTATION	LODGING	MEALS	OTHER AMOUNT	PURPOSE	TOTALS
SUMS						

Complete Reimbursement Includes:
 (1) Complete Travel Expense Report. (2) Signature below **OR** Letter of Authorization from your University's Representative. (3) Original Receipts for **ALL** expenses other than mileage. (Automobile mileage is calculated at \$0.485/mile.)

_____ <i>University</i> _____ <i>Consortium Representative Name</i> _____ <i>Consortium Representative Signature</i>	For office use only: _____ <i>Center for Renaissance Studies authorization</i> _____ <i>Account</i>
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