

TRAVEL EXPENSES SUMMARY

Complete and attach original receipts and boarding passes. For mileage, submit a Google Maps route. If no receipt, provide explanation of cost.

Return to: D2d Coordinating Center
Tufts Medical Center
800 Washington Street, #268
Boston, MA 02111
Questions? d2d@tuftsmedicalcenter.org | 617.636.3232

Traveler Name: _____

Travelers' Home Address: _____

Travel Dates: _____

Trip Purpose: _____

Services:	Check if paid by Tufts	Out-of-Pocket Expenses	Notes / Explanations
<input type="checkbox"/> Air/Train <i>(submit boarding passes)</i>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Lodging	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Meals	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Car Rental	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Taxi	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Parking/Tolls	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Mileage (\$0.565/mi)	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Other (specify)	<input type="checkbox"/>	\$ _____	_____
		\$ _____	_____
		\$ _____	_____
Total Amount for Reimbursement		\$ <input type="text"/>	

I hereby certify that this is a true statement of all reasonable and necessary travel expenses incurred in the participation of the meeting indicated above in Trip Purpose.

Signature

Date (MM/DD/YYYY)