ALIGNA POSTOR	Bost	on College	e EXPEN	SE REPORT															
				ctions before completing)															
Employee's Name:				Business Purpose of Expense: (circle one)															
										Departme	nt:			Conference					
Extension:				Moving Expenses Reimbursable Office Expenses Team Travel Universit															
										Description	on of Expens	e		•					
							_												
		From:	To:	Round Trip															
	City/State/Country			(X)															
							-												
							-												
							-												
									\$0.00										
							Description of												
Date(s)	Location	Lodging	Breakfast	Lunch	Dinner	Miscell. \$	Expense												
TOTAL Tr	avel Expens	es					Subtotal 2	\$											
				PART 3: OTHER EXPENSES \$0.00															
								1											
Signature of	Employee																		
				Total of O	ther Expen	NEGE.	Subtotal 3	\$											
							Subtotal 5	φ											
Authorized Approval					SETTLE				\$0.00										
				Total Travel Expenses (1+2+3):															
				Less: Pers	onal/Other F	unding:													
				Net Travel Expenses:				\$											
PART 5: ACCOUNT DISTRIBUTION				Less: Adva	ances from E	Boston Colleg	je:												
				REPORT TOTAL:				\$											
Distribution	Dont	Fund	Fund Source	Program	Function		Account	Ψ											
Distribution %	Dept	Fulla	Fund Source	Frogram	Function	Property	Account												
%								ł											
	ov a grant or ca	l pital project plea	se include the fo	llowing value	es.		<u> </u>	l											
Distribution	Project	PC Bus Unit	Activity	Res Type	Category	Sub-Cat]												
%	,		,	71.7	J.,		1												
%							1												
Attn Supervi	icare: Ba cura a	ecount informati	on and descript	ione aro fillos	l in hoforo cia	ning travel ren	ort												