PRE-TRAVEL EXPENDITURE WORKSHEET

Traveler _____

Destination _____

Office Phone _____ Home Phone _____

Hour of Departure _____AM/PM Hour of Return_____AM/PM

(from Amherst) (to Amherst)

Itemized Expenditures: Amount to be paid to

Date Description Corporate Card

TOTAL: $_____

Pretrip Reimbursements are only allowed if charged to your Corporate Travel Card

Please attached all original receipts