EXPENSE STATEMENT TO BE USED BY PARTICIPANTS IN SYNCHROTRON IMAGE DATA FORMAT WORKSHOP, 24 MAY 2007 RETURN THIS SIGNED STATEMENT WITH VERIFIED COPIES OF RECEIPTS TO: Prof. Herbert J. Bernstein, Dowling College, 150 Idle Hour Blvd KSC 121, Oakdale, NY 11769-1999, USA.

DOWLING COLLEGE

Rudolph Campus 150 Idle Hour Blvd. Oakdale, NY 11769
Brookhaven Campus 1300 William Floyd Pkwy. Shirley, NY 11967
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1.800.DOWLING www.dowling.edu

2007 EXPENSE STATEMENT

TRAVELLER

Name _____ Vendor # _____
Address _____ Purpose _____
City, State/Province, Postcode, Country _____ Signature _____

PERIOD

From _____
To _____

Date	Fund	Org	Acct	Description	Meals	Lodging	Airfare	Car Rental	Parking	No. of Miles	Other	TOTAL

Subtotal _____
Subtract Advances _____
TOTAL _____

Under penalties of perjury, I declare that I have examined this form and alll ˜ attachments thereto & to the best of my knowledge & belief this is a true ˜ accounting of expenses for my attendance at the imgCIF Workshop ˜ (WK.02) in Honolulu, HI, USA, & that any attached receipts are originals or ˜ true and accurate copies thereof. I further declare that I have not & will not ˜ claim reimbursement for the same expenses from any other source. ˜
Signed _____ Date _____

APPROVAL

Name _____
Signature _____
Date _____

NOTES

Mileage reimbursement rate: $.485
Meals per diem: $40.00 per day
effective January 1, 2007.

- ❑ Reimbursement
- ❑ Advance
- ❑ Itemized Expense List ONLY

FINANCE APPROVAL

JG _____
DATE _____

ACCOUNTING DEPARTMENT USE

DOC #I _____ BANK _____ DUE DATE _____
DATE ENTERED _____ BY _____ N S F ❑ Yes ❑ No