**JOSIAH MACY JR. FOUNDATION**

**Expense Report**

Name: \_Victoria Goodwin Dates:

Purpose: Destination:

Please submit this completed form and your receipts (or an explanation of the expense if no receipt is available) for your expenses. Please see the next page for an optional worksheet to assist you in calculating your expenses.

|  |  |  |
| --- | --- | --- |
| **Expense** | **Expenditure to be reimbursed** | *Josiah Macy Jr. Foundation use only* |
| Air/Rail Fare\* |  |  |
| Automobile\_\_\_\_\_\_\_ miles @ 67 cents per mile |  |  |
| Meals |  |  |
| Local Transportation (Taxis, Shuttles, Car Rental) |  |  |
| Parking |  |  |
| Gratuities |  |  |
| Other (please specify): Checked bag |  |  |
| **TOTAL DUE:** |  |  |

\*Please attach passenger receipts

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to:

Mail to the following address:

|  |  |  |
| --- | --- | --- |
|  | *Josiah Macy Jr. Foundation use only*  Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return form and receipts to: **tgoodwin@macyfoundation.org**

44 East 64th Street, New York, NY 10065 www.macyfoundation.org

**JOSIAH MACY JR. FOUNDATION**

**Optional Worksheet for Calculating Expenses**

Local Transportation

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Total:**

Meals\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Breakfast** | **Lunch** | **Dinner** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals:** |  |  |  |

**Grand Total**:

\*If meals have been charged to the room, you do not need to itemize them separately.

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