NYC DEPARTMENT OF EDUCATION

BA/BCM 8527-CARFARE (REV. 4/97) MAC:PM5.0 FORMS:BA

Local Travel

Authorization for Imprest Fund Expenditure

INVOICE AMOUNT

OF LINES 0

FISCAL YEAR

VENDOR # / SSN

1099: (ENTER Y IF 1099 EARNINGS)

SUPPORTING DOCUMENTATION MUST BE ATTACHED

VENDOR NAME (PAYEE)

VENDOR NAME CONT'D (OPTIONAL)

STREET (MAILING) ADDRESS (Number & Street, Room or Apartment #)

City State Zip Code

INVOICE REMARKS (Enter invoice # or enter name of conference & location)

INVOICE DATE

CHARGE TO DISTRICT

SFX	QUICK CODE	LOCATION	OBJECT	AMOUNT
1				
2				
3				

LEGEND

Give details of trips. Enter only one carfare or one trip on a line and indicate Travel Mode using code letter:

A - Subway/Bus

B - Bus

C - Surface Car (Taxi/Rental, etc.)

D - Private Vehicle

E - City owned vehicle (include 4 digit car code)

DATE	TRAVEL FROM	DESTINATION	TRVL MODE	PRIVATE VEHICLE MILEAGE	PRIVATE VEHICLE $0.25 x # OF MILES OR $7.50 / DAY	TOLLS/ FARES/ PARKING	DAILY OR TRIP TOTAL