

**NEUMANN UNIVERSITY
TRAVEL EXPENSE REPORT**

Name: _____ Date: _____
 Address: _____
 City and State: _____ Zip Code: _____

Travel Expense: Date Started: _____ Date Ended: _____
 Destination (City, Town, Etc.) _____
 Purpose of Travel: _____

DAILY TRAVEL EXPENSE SUMMARY

Travel Date								TOTAL	GL #'s
Room									62000-1
Breakfast									62000-1
Lunch									62000-1
Dinner									62000-1
Plane or train									62000-1
*Mileage total									
As of 4/1/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62000-1
Taxi									62000-1
Conference fee									62100-1
Parking, tolls									62000-1
Tips									62000-1
Other*									
Totals									

Details/Explanation of Misc Items *

Mileage reimbursement is currently at \$.54/mile. Each mileage backup **MUST include the date of travel on it and show mileage TO and FROM Neumann if using that total for reimbursement.*

Certification: I certify that all expenses listed on this report are Neumann University-related. All expenses noted are accurate and are reimbursable under Neumann University policies. I have not been reimbursed for these expenses except as noted.

Employee Signature: _____
 Supervisor's Signature _____
 Controller's Office _____