

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								
At 6 AM on 10/10/2013, I received a call from the Controller's Office regarding the travel expense report. I was informed that the report was not submitted by the deadline and that the expenses were not reimbursed. I was also informed that the report was not submitted by the deadline and that the expenses were not reimbursed.								
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 \$.56/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 _____