

**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								
Breakfast								
Lunch								
Dinner								
Plane or train								
*Mileage total								
65.5								
Taxi								
Conference fee								
Parking, tolls								
Tips								
Other*								
Totals								

Details/Explanation of Misc Items *

***Mileage reimbursement is currently at 65.5 cents/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: _____ Controller's Office _____
 Supervisor's Signature _____