

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								
As of 6/7/14, all travel expenses must be supported by receipts. Receipts must be submitted with the report.								
Taxi								
Conference fee								
Parking, tolls								
Tips								
Other*								
Totals								

Details/Explanation of Misc Items *

****Mileage reimbursement is currently at 70 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: _____
 Supervisor's Signature _____
 Controller's Office _____