

**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								
x .53 \$ total	\$	\$	\$	\$	\$	\$	\$	62000-
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 \$.53/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 \_\_\_\_\_