

**MID-AMERICA UNION
TRAVEL EXPENSE REPORT FORM**

Name of Meeting: _____

Date: _____

Name _____

Address _____

City, State Zip _____

Airfare \$ _____

Receipt must be attached for reimbursement

Lodging \$ _____

Receipt must be attached for reimbursement

Mileage: _____ miles @ \$0.42/mile \$ _____

Include miles to and from the airport

(Report only miles beyond normal commute to work.)

Per Diem: _____ days @ \$46.00/day \$ _____

(Nights away from home.)

Pre-Authorized Misc. Expenses:

Describe and submit receipts

#1 _____ \$ _____

#2 _____ \$ _____

#3 _____ \$ _____

Total Reimbursement Requested \$ _____

Signature: _____

Instructions:

1. Complete this form on the computer (it will auto calculate totals), print it and attach receipts. Alternatively, it can be printed and completed manually.
2. Return the completed form and receipts to:

**Mid-America Union
Office of Education
P.O. Box 6128
Lincoln, NE 68506**

Office Use Only – Account #:
