



NEBRASKA
WESLEYAN
UNIVERSITY

TRAVEL REIMBURSEMENT

Attach receipts for all expenditures

Date _____

DATE OF		BUSINESS DAYS AWAY FROM HOME	TRAVEL		Business reason for travel or nature of business benefit obtained or expected. DESCRIPTION
Depart	Return		From	To	

Travel Expense Record (Explain above)

Enter Date								TOTAL
AIR FARE								
PERSONAL AUTO miles@_____								
LODGING								
MEALS								
Breakfast & tip								
Lunch & Tip								
Dinner & Tip								
TAXI								
OTHER								
TOTAL								

Cash Advance Issued to: _____

Signature: _____

Date of Cash Advance: _____

Total Travel Expense..... \$ _____

Less Cash Advance \$ _____

__ Pay to claimant or __ Return to business office... \$ _____

Pay to _____

Account Description _____

Account # _____ - _____ - _____

Account Description _____

Account # _____ - _____ - _____

Supervisor's Signature _____

<p>Business Office Use Only</p> <p>Pay to Vendor # _____</p> <p>Voucher # _____ Initials _____</p> <p>Business Office Authorized Signature: _____</p>
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