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								**A**

Business Office Use Only

Pay to _____

Vendor #_____ Rec# _____

Invoice #_____

Invoice Date __ __ / __ __ / __ __

Date to be paid __ __ / __ __ / __ __

Incomplete _____ Final _____

Entered by _____(initials)

Date Entered __ __ / __ __ / __ __

Total Travel Expense……$_____**A**

Less Cash Advance ……..... $ _____

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

Account Description _____

Account # ___ ___ -___ ___ ___ ___ ___ - ___ ___ ___ ___ ___

Account Description _____

Account # ___ ___ - ___ ___ ___ ___ ___ - ___ ___ ___ ___ ___

Pay to _____

Approved by _____

Business Office Authoized Signature_____