



TRAVEL REIMBURSEMENT

Attach receipts for all expenditures					Date:
DATE OF		Business Days away from Home	TRAVEL		DESCRIPTION: Business reason for travel: names of individuals for business meals
DEPART	RETURN		FROM	TO	

Travel Expense Record (Explain above)

Enter Date ->									
Air Fare									-
Personal Auto Miles									
Year of Travel	2019	-	-	-	-	-	-	-	-
Lodging									-
Meals									
Breakfast & Tip									-
Lunch & Tip									-
Dinner & Tip									-
Other									
Registration									-
Parking									-
Taxi/Subway/Metro									-
Postage									-
Supplies									-
Rental Car									-
Other: (Specify)									
Add Items Here									-
									-
									-
									-
									-
Total	-	-	-	-	-	-	-	-	-

PRINT NAME:

I claim reimbursement for the above expense incurred by me on behalf of Nebraska Wesleyan University, and such expense will not be reimbursed to me from other sources.

Signature: _____ **Date:** _____

Total Travel Expenses:		\$	-
Less Claim Advance: (enter as negative)			
[] to Claimante or: [] Return to Bus. Office		\$	-
Account Description			
1. Account #			
Account Description			
2. Account #			
Approved by:			
If required, Business Office Signature:			

Business Office Use Only
Vendor #:
Voucher #:
Entered by: (initials)