



TRAVEL REIMBURSEMENT

DATE: _____

Attach receipts for all expenditures

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 ==>									TOTAL
AIR FARE									
PERSONAL AUTO									
____ Miles/trip =									
LODGING									
MEALS									
Breakfast & Tip									
Lunch & Tip									
Dinner & Tip									
OTHER									
Registration									
Parking									
Taxi/Metro									
Postage									
Supplies									
Rental Car									
OTHER (Specify)									
TOTAL									\$ -

PRINT NAME

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

Signature _____ **Date** _____

Business Office Use Only

VENDOR # _____

VOUCHER # _____

Entered by: (initials) _____

Total Travel Expenses	\$ -
Less Claim Advance	
<input type="checkbox"/> to Claimant or: <input type="checkbox"/> Return to Bus. Office	\$ -
Account Description	
1. Account #	
Account Description	
2. Account #	
Account Description	
Approved by:	
If required, Business Office Signature:	