NEUMANN UNIVERSITY
TRAVEL EXPENSE REPORT

Name: __________________________________ Date: __________
Address: ____________________________________________
City and State: ______________________________________ Zip Code: __________
Travel Expense: Date Started: __________ Date Ended: __________
Destination (City, Town, Etc.): __________________________
Purpose of Travel: ____________________________________

DAILY TRAVEL EXPENSE SUMMARY

<table>
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<tr>
<th>Travel Date</th>
<th>Room</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Plane or train</th>
<th>Mileage total</th>
<th>TOTAL</th>
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*Mileage reimbursement is currently at $.54/mile. Each mileage backup MUST include the date of travel on it and show mileage TO and FROM Neumann if using that total for reimbursement.

Certification: I certify that all expenses listed on this report are Neumann University-related. All expenses noted are accurate and are reimbursable under Neumann University policies. I have not been reimbursed for these expenses except as noted.

Employee Signature: ____________________________
Supervisor's Signature: ________________________
Controller's Office: __________________________

Controller Rev. 8/2013