

**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**

Travel Date							TOTAL	GL #'s
Room								
Breakfast								
Lunch								
Dinner								
Plane or train								
*Mileage total								
At 0.70/mile								
Taxi								
Conference fee								
Parking, tolls								
Tips								
Other*								
Totals								

**Details/Explanation of Misc Items \***

\_\_\_\_\_  
 \_\_\_\_\_

***\*Mileage reimbursement is currently at 70 cents/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 \_\_\_\_\_