TRAVEL EXPENSE REPORT

NATIONAL UNIVERSITY OF Natural Medicine

Purpose: _____

Name: _____ Department & GL: _____

Date of Request: _____ Manager: _____

DATE	DESCRIPTION	AIR & TRANS	LODGING	FUEL/@.545 per mile MILEAGE	PHONE	MEAL & TIPS	ENTERTAINMENT	OTHER*	TOTAL
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -	

SUBTOTAL $ -

ADVANCES

TOTAL TRAVEL COSTS FOR THIS REPORT $ -

NOTE: Mileage reimbursement for personal auto = .545 per mile (2018)

PLEASE REMEMBER TO ATTACH ALL RECEIPTS

*Itemized Expenses or Description for "Other"

DATE	DESCRIPTION	AMOUNT

_____

Authorized by Date