



Travel Expense Report

File Within 10 Days of Return From Trip
Attach Original Receipts

VALPARAISO
UNIVERSITY

Please Print:

Name	_____	Date Submitted	_____
Employee ID # or Social Security # (last four digits)	_____	Time of Departure*	_____ Time of Return* _____
Department	_____	Budget Account Number	_____
Mail to Department (or) Off Campus Address	_____ (Please Check)	Advance Account Number	_____
Street	_____	City	_____ State _____ Zip _____

Business Purpose and Destination _____

Expense	Date							Total
	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Lodging								0.00
Meal per-diem-full day								0.00
Meal per-diem-breakfast								0.00
Meal per-diem-lunch								0.00
Meal per-diem-dinner								0.00
Business guest meals **								0.00
Airfare/Train								0.00
Taxi/Limo/Bus								0.00
Car Rental								0.00
Car Rental Fuel								0.00
Personal Auto - Miles								
@ .545 Effect. 01/01/18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Daily Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other Expenses(Attach additional sheet if necessary)	
Explanation	Amount
Total "Other"	0.00

Total Daily Expense	0.00
Add "Other" Expense *	0.00
Total Expense	0.00
Less Advance	_____
Net Due to Employee	0.00
or	
Net Due to Valparaiso University	_____

**Business Guest - meals per Hospitality Policy (Attach additional sheet if necessary)

Employee Signature _____

Supervisor Signature(NotTraveler/Employee)
Name of Supervisor(Print) _____

Finance Office _____

*Time of departure and return necessary for one day travel only. Evening meal reimbursement permitted for work days exceeding 10 hours. Breakfast and lunch will not be reimbursed for trips not requiring an overnight stay.

Eff 04/01/10
mileage rate as of 1/1/18