



# Travel Expense Report

File Within 10 Days of Return From Trip  
Attach Original Receipts

VALPARAISO UNIVERSITY

**Please Print:**

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_  
 Employee/Vendor VU ID # \_\_\_\_\_ Time of Departure\* \_\_\_\_\_ Time of Return\* \_\_\_\_\_  
 Department/Campus Address \_\_\_\_\_ Budget Account Number \_\_\_\_\_  
 Mail to Campus Department  Advance Account Number \_\_\_\_\_  
 or (Please check one)  
 Mail to Off-Campus Address  \_\_\_\_\_  
 Street City State Zip

Business Purpose and Destination \_\_\_\_\_

Expense Date	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 ***								
@ .585 Effect. 01/01/24	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
<b>or</b>	
Net Due to Valparaiso University	

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

Employee Signature \_\_\_\_\_ Supervisor Signature(NotTraveler/Employee) \_\_\_\_\_ Finance Office \_\_\_\_\_  
 Name of Supervisor(Print) \_\_\_\_\_

\*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 4/10/2010 Mileage Rate as of 01/01/2022

\*\*\* Must attach GoogleMaps or MapQuest for personal auto miles