CACUBO EXPENSE REIMBURSEMENT FORM

Name:		Title:	
Institution:		Address:	
City/State/Zip:		Location:	
Date of Trip:		Purpose:	
Committee:			

TRAVEL EXPENSES

*Attach all receipts for amounts over $25 *Attach all receipts for airfare and lodging *Itemize all meals, regardless of cost

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Date								
Air/Rail								
Taxi/Limo								
Mileage ($.50 per mile)								
Tolls								
Parking								
Other Transportation								
Lodging								
Breakfast								
Lunch								
Dinner								
Telephone								
Tip - hotel maid								
Total								

Explanation:

Make check payable to: Total:

I CERTIFY THAT THE ABOVE EXPENSES ARE TRUE.

Claimant Signature Date

Approved by: Mary LaGrange, CACUBO Treasurer Date

Approved by: Brenda Ladd, CACUBO Controller

Send completed form to:

Brenda Ladd, CACUBO Controller
c/o University of Nebraska-Lincoln
401 Canfield Administration Bldg.
Lincoln, Nebraska 68588-0439
Tel: 402-472-5278
FAX: 402-472-2804

Voucher #

Check #