

CACUBO EXPENSE REIMBURSEMENT FORM

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

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								\$0.00
Taxi/Limo								\$0.00
Mileage (\$.585 per mile)								\$0.00
Tolls								\$0.00
Parking								\$0.00
Other Transportation								\$0.00
Lodging								\$0.00
Breakfast								\$0.00
Lunch								\$0.00
Dinner								\$0.00
Telephone								\$0.00
Tip - hotel maid								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Explanation: _____

Make check payable to: _____ Total: **\$0.00**

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 # _____