

TRAVEL SETTLEMENT

Reimbursable to Traveler

Reference #:

TRAVELER INFORMATION

Name: _____ NMU IN: _____

TRIP INFORMATION

Destination: _____ Purpose: _____

Actual Departure

Actual Return

Date: _____ Time: _____ Date: _____ Time: _____

EXPENSES

DATE(S):							TOTAL
Commercial Transportation							\$0.00
Meals							\$0.00
Lodging							\$0.00
Conference Fee							\$0.00
Cab/Limousine Fares							\$0.00
Other (List):							\$0.00
Other (List):							\$0.00
Sub Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Private Car:

RT Miles: _____ @ _____ \$0.550 = _____ \$0.00

Total Reimbursable to Traveler: \$0.00

Less Travel Advance and/or Prepayments:

Balance Due **Traveler** (University): **\$0.00**

Motor Pool Expenses: (Ext. 2823) or dwaters@nmu.edu

TOTAL EXPENSES: **\$0.00**

Comments:

(For Office Use Only)	SIGNATURES	DATE
ACCOUNTS DISTRIBUTION		
	Traveler (Initials):	
	Department Head:	
	AAUP Travel 7300	
	AAUP Surplus 7300	
	Faculty Travel 7300	
	Student Travel 7305	
	Guest Expense 7330	
TOTAL:	NMU Travel Policy	\$0.00