

**MID-AMERICA UNION  
TRAVEL EXPENSE REPORT FORM**

**Name of Meeting:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Airfare \$ \_\_\_\_\_

Receipt must be attached for reimbursement

Lodging \$ \_\_\_\_\_

Receipt must be attached for reimbursement

Mileage: \_\_\_\_\_ miles @ \$0.42/mile \$ \_\_\_\_\_

Include miles to and from the airport

(Report only miles beyond normal commute to work.)

Per Diem: \_\_\_\_\_ days @ \$46.00/day \$ \_\_\_\_\_

(Nights away from home.)

**Pre-Authorized Misc. Expenses:**

Describe and submit receipts

#1 \_\_\_\_\_ \$ \_\_\_\_\_

#2 \_\_\_\_\_ \$ \_\_\_\_\_

#3 \_\_\_\_\_ \$ \_\_\_\_\_

**Total Reimbursement Requested** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Instructions:**

1. Complete this form on the computer (it will auto calculate totals), print it and attach receipts. Alternatively, it can be printed and completed manually.
2. Return the completed form and receipts to:

**Mid-America Union  
Office of Education  
P.O. Box 6128  
Lincoln, NE 68506**

Office Use Only – Account #:

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