



2025 Travel Reimbursement Form

Upon completion, please send form to accountspayable@nelson.edu

Name (REQUIRED):	<input type="text"/>	Account to Charge:	<input type="text"/>
Address (REQUIRED):	<input type="text"/>	<i>(REQUIRED)</i>	
How to Receive Reimbursement:	<input type="text"/>	<i>*click drop-down*</i>	
Travel Purpose:	<input type="text"/>	Destination:	<input type="text"/>
Dates traveled:	<input type="text"/>	Returned:	<input type="text"/>

TRANSPORTATION

		Total Amount
Associated Airfare		= <input type="text"/>
Rental Car		= <input type="text"/>
Mileage <i>(Personal car)</i>		
Number of miles traveled:	<input type="text"/> X	= \$ <input type="text"/> -
Gasoline <i>(Only Nelson vehicle or rental car)</i>		= <input type="text"/>

TRAVEL EXPENSES

Lodging		= <input type="text"/>
Meals <i>(Attach all meal receipts to this form)</i>		= <input type="text"/>
Tips <i>(Valet, baggage handlers, housekeeping, taxi)</i>		= <input type="text"/>
Tolls		= <input type="text"/>
Parking		= <input type="text"/>
Conference - Admission Fees		= <input type="text"/>
Repairs <i>(Nelson vehicles only)</i>		= <input type="text"/>
Total Reimbursement Amount		= \$ <input type="text"/> -

***** BEFORE SUBMITTING FOR SIGNATURES, PLEASE ATTACH ALL NECESSARY RECEIPTS & DOCUMENTATION TO THIS FORM *****

SIGNATURES

*Please include e-mail budget approval with PDF. Please do not type in name only.

DATE

Nelson Employee Signature	<input type="text"/>
Budget Director Signature	<input type="text"/>
Area Administrator Signature	<input type="text"/>
VP for Business & Finance	<input type="text"/>

Accounting Office Use Only:		
Budget Check: Y N	Finance Approval:	Check Number:
Signature _____	Signature _____	Check Date: