OPSU Travel Reimbursement Form

Name (Please Print) _____ **CWID** _____ **Date** _____

Official Business/Meeting _____ **Date(s) of official business** _____

City/State of official business _____ **Begin/End time of official business** _____

Document each point visited and the time travel status began and ended. Each day must be accounted for on this form.	20_____		Miles		Travel Status		Lodging Amount (if claiming)
	Month	Date	Mileage	Vicinity	Began	Ended	

I am claiming -- Please check all that apply.	
Mark PCARD if you have charged an item on your OPSU Purchasing Card	
Lodging	
Per Diem	
Taxi	
City Bus	
Local Rental Car	
Registration Fee	
Business Telephone	
Parking	
Turnpike Tolls	
Fuel Charges	
Airfare	
Mileage	
Other	

If any part of travel was paid on a purchase order, please list all P.O. #'s and detailed explanation, e.g. Registration, Lodging, etc.

_____ _____ _____

If you've used your purchasing card for meals with team travel, please list # of meals. _____

If a meal was provided or if a registration fee was paid and meals were provided, please list # of meals. _____

List hotel if designated for meeting _____

Please provide documentation of designated hotel

License plate # if claiming mileage _____

Please Explain _____

Travel Reimbursement Form Checklist
☑ Conference/Meeting Agenda or other documentation (e.g. email, program, reg. form) attached
☑ **Original** Receipts Attached
☑ Is my form filled out completely?
☑ License Plate # if claiming mileage
☑ PCARD marked if used your purchasing card for any portion of trip

Notes/Details if any: _____

Please return this form to Abby Rice -- SL 137 -- Academic Affairs. If you have questions regarding travel reimbursement/policy please call Abby @ Ext. 1400

If you are in multiple cities with different per diem rates, please fill in travel status "began" and "ended" times for each day.