OSU Travel Reimbursement

Reset

****All fields required in this section.**

Name:	
OSU ID	
Department:	
Contact Phone Number:	
E-mail:	
Affiliation:	☐ Faculty/Staff ☐ Student ☐ Other
US Citizen?	☐ Yes ☐ No (if no, include I-94)
Travel Advance Obtained?	☐ Yes ☐ No

Mailing Address:

Purpose of Travel: (If applicable include name of conference and dates attended)

Return form to :
Arts & Sciences Business Center
Corvallis, OR 97331-2904

-Attach all original itemized receipts.
-Note any expenses paid directly by OSU and personal travel combined with business travel.
-Reimbursements must be claimed within 60 days of return.

Miscellaneous

Airfare?	☐ Paid by Dept.	☐ Paid by Traveler	If airfare is paid by traveler, include: OSU contracted agency quote, flight itinerary, and proof of payment.
Registration?	☐ Paid by Dept.	☐ Paid by Traveler	
Shared Lodging?	☐ Yes	☐ No	
If yes, who?			

Auto Mileage

Date	Departed From	Arrived At	Miles	Rnd Trip?
				☐
				☐
				☐

Date	Time	Itinerary	B	L	D	Lodging
		Depart From	☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
		Return To	☐	☐	☐	☐

List locations where spending the night. Check box for meal per diem and lodging. (Attach additional pages if necessary)

Date	Expense Description	Currency (if other than USD)	Expense Amount
		Total	
		Index/Activity	

Per Diem Tables:
http://oregonstate.edu/fa/businessaffairs/travel/tres/per_diem_us
Travel Reimbursement Policy:
http://oregonstate.edu/fa/manuals/fis/411

Last Updated 10/15/2012