Oregon State University

PCMM / Accounts Payable

Travel Reimbursement Request Form

T# _____ JV# _____ I# _____

NAME - *as it appears in Banner*	OSU ID	DEPARTMENT / OFFICIAL STATION
ADDRESS TO SEND CHECK TO - as it appears in Banner:		
CITY/STATE/ZIP	DEPT or BUSINESS CENTER CONTACT NAME & TELEPHONE NUMBER	

BUSINESS PURPOSE & DATES (travel benefit to OSU? Where, when, etc.) Travel Advance Issued ☐

DATE	DEPART/ ARRIVAL TIME	ITINERARY	PRIVATE AUTO		MEALS				LODGING	TOTAL
			MILES	$0.58	FULL DAY PER DIEM	BREAK	LUNCH	DINNER		
						☐	☐	☐		
						☐	☐	☐		
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						☐	☐	☐		

TOTAL MILES: SUB-TOTAL:

DATE	OTHER EXPENSES: TRANSPORTATION FARES, REGISTRATION FEES, DOMESTIC LODGING TAX, INTERNET, BAGGAGE FEE, ETC.	
	SUB-TOTAL:	
	TOTAL:	

INDEX CODE	ACCOUNT CODE	ACTIVITY CODE	AMOUNT

INSTRUCTIONS:

1. CONFERENCE & NON-CONFERENCE LODGING CLAIMED OVER PER DIEM AMOUNT REQUIRES JUSTIFICATION.
2. **CONFERENCE LODGING REIMBURSEMENT** - attach brochure showing location, dates & lodging rates.
3. Attach receipts with proof of payment.

* Link to travel per diems: http://oregonstate.edu/dept/fa/businessaffairs/travel/tres/per_diem_us

I CERTIFY THE EXPENSE(S) ITEMIZED ABOVE HAS BEEN INCURRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES, THAT THE CHARGE THEREFORE IS JUST, AND THAT NO PART THEREOF HAS BEEN HERETOFORE PAID.

CLAIMANT'S SIGNATURE DATE:

I CERTIFY THAT THE EXPENSE(S) ITEMIZED ABOVE HAS BEEN REVIEWED AND IS AN ACCURATE, ALLOWABLE AND APPOPRIATE EXPENDITURE. IT IS WITHIN MY BUDGETARY AUTHORITY TO APPROVE THE ABOVE ENXPENSE(S)

BUDGET AUTHORITY'S APPROVAL DATE:

Revised 01/08/2019