

Reimbursement Request

Travel Expenses



Send to: Diana Sherman, Travel Office
 Oregon Health & Science University Mail Code AD220
 503-494-2164 (Phone)
 503-494-3299 (Fax)
 shermand@ohsu.edu (Email)

Traveler name-print		Employee ID:	
Traveler address (New?) <input type="checkbox"/>		Non-Employee SSN:	

Itinerary	Date	Depart From	Destination

Purpose of Travel

Comments/Special Arrangements

Description - Receipts will be required						Amount
<input type="checkbox"/>	Private Car	Number of miles:	Mileage rate:	\$0.550	Per mile	
<input type="checkbox"/>	Rental car, taxi, shuttle					
Air Travel		For reimbursements, enter a cost ONLY when reimbursing the traveler				
Meals	\$51 Daily Per diem:	Breakfast @ \$10	Lunch @ \$15	Dinner @ \$26	OR Actual receipts total →	
Parking						
Registration Fee		For reimbursements, enter a cost ONLY when reimbursing the traveler				
Lodging		# of nights	Room rate including taxes		Total	
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Other Expense (explain)						
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DEPARTMENT ALIAS AND FULL ACCOUNTING STRING IS REQUIRED **Trip Cost**

PROJECTS/GRANTS

ALIAS	PROJECT	TASK	AWARD	ORGANIZATION	EXPENDITURE TYPE	Amount

ALIAS	FUND	ORG	MISSION	OBJECT	PROGRAM	PROVIDER	LOCATIO	Amount

TRIP COST

LESS ADVANCE

NET REIMBURSEMENT

	Printed Name	Signature	Date
Traveler		(optional)	ID#
Fiscal Authority			
Dept Head		(optional)	
Contact Person		Mail Code:	Phone: