

# TRAVEL FORMS – OHSU

Check if Air Travel was NOT arranged by Azumano

**AUTHORIZATION NUMBER:**

E ONE

**AUTHORIZATION**

FAX 4-3299

**REIMBURSEMENT**

Mail AD220

Correctly completed forms received in OHSU Travel by 4:00 pm will be authorized for ticketing that day. Airfare to be arranged by the traveler or their department through Azumano Travel @ Phone (866) 291-0460, Fax (800) 713-5432.

**\*\*\*ALL INFORMATION IS REQUIRED TO BE PROCESSED\*\*\***

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ "X" if New: \_\_\_\_\_

"x" if Non-employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

ITINERARY (REQUIRED)	DATE	DEPART LOCALE	DEPART TIME	ARRIVAL TIME	ARRIVAL LOCALE	

PURPOSE OF TRAVEL: \_\_\_\_\_

BUSINESS TIME BEGINS: \_\_\_\_\_ BUSINESS TIME ENDS: \_\_\_\_\_

PERSONAL TIME BEGINS: \_\_\_\_\_ PERSONAL TIME ENDS: \_\_\_\_\_

COMMENTS / SPECIAL ARRANGEMENTS: \_\_\_\_\_

**DESCRIPTION--Original Receipts will be required (Leave amount blank for Reimbursements if cost paid by OHSU) \$AMOUNT**

Private Car	Number of Miles: _____	@ 40.5 cents per mile	
Rental Car, Taxi Shuttle			
Air Travel	Enter amount for Authorizations; Leave blank for Reimbursements if cost paid by OHSU		
Meals	Per diem: \$9.00 Breakfast, \$9.00 Lunch, \$18.00 Dinner or receipts for actual meal costs.		
Parking			
Registration Fee	Enter amount for Authorizations; Leave blank for Reimbursements if cost paid by OHSU		
Lodging	# of nights: _____	@Room Rate & Taxes: _____	
Other Expense (explain)			
Other Expense (explain)			

**DEPARTMENT'S ALIAS AND FULL ACCOUNTING STRING IS REQUIRED TRIP COST >>>**

ALIAS (8)	FUND (4)	ORG (5)	MISSION	OBJECT (4)	PROG (3)	PROVIDER(4)	LOC (3)	\$AMOUNT
LESS ADVANCE:	<b>0151</b>	<b>00001</b>	<b>01</b>	<b>1574</b>	<b>000</b>	<b>0000</b>	<b>000</b>	

**USE LOWER BLOCK FOR PROJECTS/GRANTS (Above, enter a negative number to clear a Travel Advance)**

ALIAS (8)	PROJECT	TASK	AWARD	ORGANIZATION	EXPENDITURE TYPE

**PRINTED NAME SIGNATURE NET DUE >>**

TRAVELER			DATE:	
FISCAL AUTHORITY	Margaret Miles		DATE:	
DEPT. HEAD (optional)			DATE:	
TRAVEL DEPT.			DATE:	
CONTACT PERSON	David Johson	MAIL CODE: L113	PHONE: 4-5253	DATE: