



Send to: **Diana Sherman, Travel Office**
travel@ohsu.edu PAYROLL reimbursements (Travel Employee)
travelnon@ohsu.edu all others (Travel NonEmployee)
 Oregon Health & Science University Mail Code L332AP

Advance

Name and Address	Dates of Trip/Conf.
	Vendors Number:
SSN (Required if not OHSU employee or vendor # unknown)	Employee ID number (Required if OHSU employee)

Purpose of Payments:

Fund	Org	Mission	Object	Program	Provider	Location	Debit Amount

PROJECTS/GRANTS Grant dates beginning and end dates:

Project	Task	Award	Organization	Expenditure Type	Debit Amount

Fiscal Authority Printed Name	Signature _____	Phone & Department:
Prepared by Printed Name		Phone & Mail Code: