

2020 Forum on Aging in Rural Oregon

Speaker Reimbursement Form

Submission Instructions:

1. Please submit **NO** later than June 30th, 2020
 - a. Email the completed form with receipts (scan or take photos of receipts and attach to email) to: Kate Hubbard | hubbarka@ohus.edu
 - b. Mail completed form with receipts to: 3030 SW Moody Ave, Suite 200, Portland OR 97201
2. ALL sections indicated in **red** are required!

Traveler Information:

First name: _____ Middle initial: ____ Last name: _____

Physical mailing address

Street: _____ City: _____ State: ____ ZIP: _____

OHSU employee ID (if applicable): _____ SSN (if non-OHSU employee): _____

Email: _____ Phone: _____

Expenses:

One night of lodging: _____

Mileage

Date: _____ Departing from: _____ Destination: Bend, OR
 (City, State)

Date: _____ Departing from: Bend, OR Destination: _____
 (City, State)

Total mileage: _____ Mileage rate: \$0.58/ mile Total mileage reimbursement: \$ _____

Meals:

- Please choose per diem (rates may be found [here](#), but simply check the box below and ORH staff will tabulate); **or** meal receipts (must be mailed or emailed with this form).

Per diem

5/27: Breakfast Lunch Dinner

5/28: Dinner

5/29: Lunch

Other receipts:

Please include electronic copies of receipts with this form or mail hard copies.

- Rental car cost: _____
- Parking cost: _____
- Transportation (taxi, shuttle, etc.) cost: _____