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| 38th Annual Oregon Rural Health Conference  Speaker Reimbursement Worksheet |
| Submission instructions:   * Please Submit no later than November 15st * Complete form   + email completed form with receipts (scan or take photo of receipts & attach to email) to kate hubbard, hubbarka@ohsu.edu) OR   + mail completed form with hard copy receipts to: ORH, Mailstop L593, 3181 SW Sam Jackson Park Rd, Portland, OR 97239 |
| Traveler Information:  First Name: Middle Initial: Last Name:  Physical Mailing Address:  Street/PO#: City: State: Zip:  OHSU Employee ID (If applicable): SSN or Vendor # (if non-OHSU employee):  Email: Phone: |

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| Purpose of Travel: Speaker, 38th Annual Oregon Rural Health Conference |

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| Expenses:  Hotel: $ \_\_\_\_\_\_\_\_ (one night at \_\_\_\_\_\_\_\_\_\_\_ hotel)  Mileage:  Date: Depart From: Destination:  Date: Depart From: Destination:  Date: Depart From: Destination:  Total Mileage: |
| Meals: Actual Receipts OR Per Diem: Please choose one option for all eligible meals (do not mix and match). We cannot reimburse for alcohol, on a detailed receipt.  Actual: Mail or email copy of receipts with completed form:  OR  \*Per Diem:  Date: 10/27 Dinner:  Date: 10/28 Dinner:  Date: 10/29 Lunch:  \*Per Diem rate: <http://www.defensetravel.dod.mil/site/perdiemCalc.cfm> |
| Other receipts : Mail hard copy or email copy of receipts with completed form  Rental Car Cost:  Airfare Cost:  Parking Cost:  Taxi/Shuttle/Public Trans. Cost: |
| Travel Expense Total (Not including per diem total): |