|  |
| --- |
| 38th Annual Oregon Rural Health ConferenceSpeaker 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: |

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

|  |
| --- |
| 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): |