

U.S. Office of Personnel Management Travel Reimbursable Expense Request Form					1. Identifier No.	
					1112222	
					2. Strategic Partner	
					Excella	
3. Project Code	4. MP Version	5. MP Date	6. MP Page No.	7. Task No.	8. Task Name	
XXX-123-ABC	1				TRAVEL (CALL #)	
Travel and Rate Information						
9. Name			10. Purpose for Travel			
Johnathan Doe			Work			
11. Street Address (Destination)			12. Street Address (Departing)			
2300 Wilson Blvd			222 North St			
a. City	b. State	c. Zip Code	a. City	b. State	c. Zip Code	
Arlington	VA	22201	Winchestertonvilletown	VT	11111	
13. Lodging Rate	14. M&IE Rate		15. Total Mileage	16. Travel Dates (Start and End)		17. Travel Days
\$ 258.00	\$ 79.00			1/1/2024 1/4/2024		4
18. Itemized Expenses						
a. Travel and Lodging						
Airfare				\$ 500.00		
Train/Bus Fare				\$ -		
Rental Car						
POV Usage	0	miles @	\$ -	per mile	\$ -	
Lodging	3	nights	\$ 258.00	per night	\$ 774.00	
b. M&IE						
Full M&IE	2	days	\$ 79.00	per day	\$ 158.00	
Travel M&IE	2	days	\$ 59.25	per day	\$ 118.50	
c. Additional Expenses						
Airport Parking	0	days	\$ -	per day	\$ -	
Baggage Check	0	bags	\$ -	per leg	\$ -	
Hotel Parking	0	days	\$ -	per day	\$ -	
Hotel Tax	4	nights	\$ 38.70	per night	\$ 154.80	
Internet Plan		days		per day	\$ -	
Taxi To/From Airport		trips		per trip	\$ -	
Rental Car Fuel				\$ -		
d. Other Expenses (Please Specify)						
				\$ -		
*Travel requests exceeding \$3,000 will be submitted to a warranted contracting officer for determination of appropriateness in supporting the work required of the management plan, appropriate use of the travel category of funding and/or evidence of competitive selection.				Total Cost	\$ 1,705.30	
19. Submit for Approval						
a. Name (TPOC)		b. Organization			c. Date	
		FSC				
b. Name (COR)		b. Organization			c. Date	
Michael Elem		OPM/HRS/FSC/COR				