

Travel Reimbursement for those without Concur Access

	Iniversity				for those without Concur Access					
Guest In	formation									
OSU II		ude if known)		Affiliation to C	Affiliation to OSU:					
Name				Email						
Mailing Address			City		State	Zip Code				
OSU D	epartment Contact Na	ame		OSU Departr	OSU Department Contact Email					
Travel It	inerary: Please use E	Business Purpose	section for n	nore detailed or non-tr	aditional itinera	ries.				
Date Tr	Date Travel Begins: Date Travel Ends:		:	One Way Trip	Round Trip					
Travel	from:		Travel t	Travel to:						
Meals: Se	elect <u>either</u> Per Dier	n or Actual Co	st for each	day of travel.						
Date	Meal Per Diem Claim First Day of	Actual Cost	Date	Meal Per Diem Breakfast	Actual Cost		l Per Diem planation			
	Per Diem?			Lunch			ates are flat rates			

te	Meal Per Diem	Actual Cost	Date	Meal Per Diem	Actual Cost	Meal Per Diem		
	Claim First Day of			Breakfast		Explanation		
	Per Diem?		1	Lunch		Per diem rates are flat rate		
				Dinner		that are pre-determined by		
	Breakfast			Breakfast		<u>GSA</u> . They include a set		
	Lunch			Lunch		amount for incidentals		
	Dinner			Dinner		(taxes, tips, fees) and can vary based on location of		
	Breakfast			Breakfast		travel. The first and last do		
	Lunch			Lunch		of per diem are at 75% of		
	Dinner			Dinner		the location rate.		
	Breakfast			Breakfast				
	Lunch			Lunch		Select the check box for th		
	Dinner			Dinner		date and meal. Our office will calculate the total of p		
	Breakfast			Breakfast		diem for travel.		
	Lunch			Lunch		dienijer draven		
	Dinner			Dinner				
	Breakfast			Breakfast		Meals at Actual Cost		
	Lunch			Lunch		Explanation		
	Dinner			Dinner		Detailed receipts are		
	Breakfast			Breakfast		required if meal is over		
	Lunch			Lunch		\$25.00 or includes hosting		
	Dinner			Dinner		guests. Alcohol purchased		
	Breakfast			Breakfast		cannot be reimbursed by		
	Lunch			Lunch		OSU.		
	Dinner			Dinner		If claiming a meal at actua		
	Breakfast			Claim Last Day of		cost enter in the amount		
	Lunch			Per Diem?		claimed for the date and		
	Dinner					meal.		

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Personal Vehicle Mileage

Accountant: _____

Banner

☐ BennyBuy

Invoice Owner:

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supporting documents to Travel@oregonstate.edu for processing.

Date /		les	Rate per Mile	Dollar Amount					
						Jan. I Jan. I Jul. 1	1, 2024 – Present	Rate: \$0.655/mile Rate: \$0.625/mile	
	Per	sonal Vehicle Mileage Total:				-			
Other Travel			3						
Expense Type	Expense		Description		Date fr	om	Date to	Amount	
Airfare			•						
Airfare									
Lodging & Tax									
Lodging & Tax									
Ground Transpo	rtation								
Ground Transpo	rtation								
Car Rental									
Car Rental									
Parking									
Parking									
Other (Specify)									
Other (Specify)									
				Other T	ravel Exp	enses	Total Amount:		
All claimed expensions is purchased, and a			stantiated by a detailed rec ase.	ceipt. Receipts	should inclu	de: dat	e of purchase, vendor	name, details on what	
Business Pur	pose: Regu	iired on all si	ubmissions; attach supp	orting docur	nents (recei	pts, flye	ers, agendas, maps,	et cetera) as needed	
			e drop-down menu:			,,,,			
Index			Account Code	count Code		Code	Amount		
							_		
					Total A	Mou	nt:		
	r Heaby Tr	aval 9 Eves	asa Offica Only						
F0	or Ose by Tro	ivei & Expei	nse Office Only		Please	emai	I completed for	m, receipts, and	

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