OSU Travel Reimbursement

**All field	s required in t	this section.								Datum	£	4	
Name:				Ma	Mailing Address:						Return form to: Business and Engineering Business Center Corvallis, OR 97331-2904		
OSU ID													
Department:				Pu							-Attach all original itemized		
Contact Phone Number:													
E-mail:				-r b cc					receiptsNote any expenses paid directly by OSU and personal travel combined with business travelReimbursements must be				
Affiliation: Faculty/Staff Student Other													
US Citizen? Yes No (if no, include I-94)													
Travel Adv	ance Obtained	ł? □Yes □No								claimed within			
Miscellan	eous						Auto Milea						
Airfare?		Paid by Dept. Paid			er, include: OSU		Date	Departed From	Arrived A	At M	iles	Rnd Trip?	
Registration? Paid by Dept. Paid by Traveler con				ntrac	ntracted agency								
			ote, flight itinerary, d proof of payment.										
If yes, who?													
Date	Time Itinerary			В	B L D Lodging		Date	Expense Description		Currency (if other than USD)		Expense Amount	
		Depart From											
										Total			
		Return To	Return To				http://orego	er Diem Tables: ttp://oregonstate.edu/fa/businessaffairs/travel/tres/per_diem_us			у		
List locations where spending the night. Check box for meal per diem and lodging. (Attach additional pages if necessary) Travel Reimbursement Policy: http://oregonstate.edu/fa/manuals/fis/411													

Last Updated 10/15/2012