OSU Travel Reimbursement

1	ls required in t	his section.								
Name:			N	Mailing Address:					Return form to: Arts & Sciences Business Center Corvallis, OR 97331-2904	
OSU ID										
Department:			Р	Purpose of Travel: (If applicable include name of conference and dates attended)						
Contact Phone Number:									-Attach all original itemized	
E-mail:			by co					receiptsNote any expenses paid directly by OSU and personal travel combined with business travelReimbursements must be		
Affiliation: Faculty/Staff Student Other		her								
US Citizen? Yes No (if no, include I-94)										
Travel Adv	vance Obtained	? No							claimed within 60	
Miscellan	eous		<u>'</u>			Auto Milea	ge			
Airfare?				airfare is paid by aveler, include: OSU		Date	Departed From	Arrived A	t Mile	es Rnd Trip?
Registration? Paid by Dept. Paid by Traveler con			contra	cted a	gency					
					itinerary, payment.					
If yes, who?										
<u> </u>										
Date	Time	Itinerary		B L D Lodging		Date	Expense Description		Currency (if other than USD)	Expense Amount
		Depart From								
l										
<u> </u>										
			I							
				ЩЦ						
						Dor Diam T-	blos		Total	
		Return To ding the night. Check box for meal					bles: nstate.edu/fa/businessaffairs/trav bursement Policy:	/el/tres/per_diem_u:	II / A + i i +	

Last Updated 10/15/2012