IB Department Request for Travel Reimbursement

Please fill out and submit this form within 10 days of returning from travel.

NAME OF TRAVELER: _____ **OSU ID:** _____

DEPARTED CORVALLIS: DATE _____ TIME *12:00 am*

RETURNED TO CORVALLIS: DATE _____ TIME *12:00 am*

LODGING – include itemized receipt showing single room rate, tax, and payment method _____

MEALS – the amount requested represents: ☐ Actual Food Cost ☐ Full per diem ☐ Partial per diem _____

TRANSPORTATION:

Personal vehicle mileage from Corvallis to _____ (destination) _____ (# of miles) *$0.00* (@ $0.575/mile)

Rental vehicle – include itemized receipt showing rate, tax, and payment method _____

Airfare – include receipt showing complete itinerary and payment method _____

OTHER EXPENSES:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

REIMBURSEMENT AMOUNT REQUESTED: *$0.00*

If the amount requested for reimbursement exceeds the Estimated Expense amount from the Pre-Travel Form, this form will be submitted to the PI of the index for additional approval. _____ PI Initials _____ Date

SUBMIT