EASTERN OREGON UNIVERSITY

Banner Document #

For Travel Office use only

Eastern Oregon University
Travel Reimbursement Request

Effective as of April 1, 2008

NAME	
G# (Required)	
TITLE	
DEPARTMENT	
DATE PREPARED	

Please indicate how you would like to receive your check

- ☐ Direct Deposit
- ☐ Mail Check
- ☐ Check To Cashier

DEPARTURE DATE:		**RETURN DATE:**	
TIME:		**TIME:**	
Format X:XX AM or PM		Format X:XX AM or PM	

DATE	ITINERARY	PRIVATE VEHICLE MILES	PER MILE	TOTAL	MEAL PER DIEM BREAK	LUNCH	DINNER	LODGING	TOTAL
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
		0	$0.505	$0.000					$0.000
	MILEAGE TOTAL	0	$0.505	$0.000				**SUBTOTAL**	$0.000

DATE	OTHER EXPENSES (Miscellaneous Expenses such as Lodging Taxes, Taxi Fares, Telephone Calls, Parking, Registration Fees, Airfare, Rental Vehicle, Etc…)	
	SUBTOTAL	$0.000
	Less Travel Advance (If Applicable)	
	TOTAL	$0.00

Index	Account Code	Activity Code	Payment Amount	Notes:
Purpose Of Travel (Required on all travel reimbursement requests.):				

I certify that this claim is true and correct; that no part thereof has been heretofore claimed or will be claimed from any other source.

Claimant's Signature	President, Div. or Dep't Head's Signature	Business Office Audit Approval

Version 2-Update 4/1/08