Banner Document #

Eastern Oregon University
Travel Reimbursement Request

NAME	
910# (Required)	
TITLE	
DEPARTMENT	
DATE PREPARIED	

Please indicate how you would like to receive your check:
☐ Direct Deposit
☐ Mail Check
☐ Check to Cashier

DEPARTURE DATE:		RETURN DATE:	
TIME:		TIME:	

DATE	ITINERARY	PRIVATE VEHICLE			PER DIEMS				TOTAL
		MILES	PER MILE	TOTAL	BRKFST	LUNCH	DINNER	LODGING	
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
			0.35	0.00					0.00
	MILEAGE TOTAL	0	0.35	**0.00**				SUBTOTAL	**$0.00**

DATE	OTHER EXPENSES (miscellaneous expenses such as lodging taxes, taxi fares, telephone calls, parking, registration fees, airfare, rental vehicle, etc.)	
	SUBTOTAL	**$0.00**
	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):				

Claimant's Signature & Date	Dept. Head/Dean's Signature & Date	Cabinet Signature (when required) & Date	Business Office

Version 7 Update 01/01/10