

Post-Travel Reimbursement Worksheet

Name of Traveler: _____ Today's Date: _____

Job Title: _____ SSN: _____

Address: _____

Purpose of Trip: _____ Any personal travel dates? _____

Please note: If airfare was part of your trip, please attach your original ticket and boarding pass stubs unless it was an e-ticketed flight.

Meals: Use: Per Diem rate (please complete chart below) Receipts (please attach receipts for all meals)

Reimbursement for meals on a per diem basis is \$9 for breakfast, \$9 for lunch, and \$18 for dinner. Follow the example below; please indicate which meals you paid for during your travel. Please do not include any meals that were provided by the conference and/or vendor.

Date								Total Meals	Per diem Rate	Total	Total Reimb.
Breakfast									\$9		
Lunch									\$9		
Dinner									\$18		

Rental Car: Please attach original receipts. Remember, the Travel Department will **not** reimburse for rental car insurance. You are covered under OHSU's travel and accident insurance policy while traveling on business for OHSU.

Mileage: Please fill in the amount below. Reimbursement is at 44.5¢ per mile.

Date: _____ From: _____ Time: _____ To: _____ Time: _____ Total Miles: _____

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Date: _____ From: _____ Time: _____ To: _____ Time: _____ Total Miles: _____

Taxi/Shuttle/Public Transportation: Please attach original receipts

Parking: Please attach original receipts

Telecommunications: Please attach original receipts. Reimbursement is provided for all business calls and first day and every other day for personal calls.

Lodging: Please attach original receipts.

Airfare: Please attach original receipts if not e-ticketed.

Other: _____