

Eastern Oregon University Foundation Foundation Travel Reimbursement Request

Last revision 1/2/2013

NAME	
TITLE	
DEPARTMENT	EOU Foundation
DATE PREPARED	

Please indicate how you receive your reimbursement	
<input type="checkbox"/>	Mail Check
<input type="checkbox"/>	Pick up check

DATE	DEP-ARR TIME	ITINERARY	PRIVATE VEHICLE			MEAL PER DIEM*			LODGING (Room chg only)
			MILES	PER MILE	TOTAL	BREAK	LUNCH	DINNER	
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
				\$0.565					
MILEAGE TOTAL			0	\$0.565	\$0.000				SUBTOTAL

DATE	OTHER EXPENSES (Miscellaneous Expenses such as Lodging Taxes, Taxi Fares, Telephone Calls, Parking, Registration Fees, Airfare, Rental Vehicle, Etc...)

SUBTOTAL
Less Travel Advance (If Applicable)
TOTAL

Fund ID	Expense Code	Payment Amount	Notes:
			(Foundation reimburses related to EOUF)
Purpose Of Travel (Required on all travel reimbursement requests.):		(* Per Diem Meals are reimbursed based on EOU Travel Policy)	

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

Claimant's Signature and Date	Expense Approved by and Date	EOUF Approval and Date

**ou would like to
check**

at UA Office IH 212

TOTAL

\$0.000

\$0.000

\$0.00

ment for travel

om any other

ate Pd/Check #