

**APPLICATION FOR TRAVEL REIMBURSEMENT****Part I Trip Information**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ SS#: xxx-xx- \_\_\_\_\_

Did you use NWOSU Vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No; LICENSE PLATE NO.: \_\_\_\_\_  
*Claim cannot be processed without license plate number of school/private vehicle taken.*

Purpose of Trip: \_\_\_\_\_

Dates of Actual Meeting(s): from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Meeting Times: from \_\_\_\_\_ AM or PM to \_\_\_\_\_ AM or PM (Always attach agenda/brochure/flyer)

City and State: \_\_\_\_\_ DEPT. LIMIT: \$ \_\_\_\_\_

Travel Status Began: \_\_\_\_\_, 20\_\_\_\_ HOUR: \_\_\_\_\_ AM or PM

Travel Status Ended: \_\_\_\_\_, 20\_\_\_\_ HOUR: \_\_\_\_\_ AM or PM

**Part II Expenses (Do not claim any item paid by University Purchasing Office)**\$ \_\_\_\_\_ \*\* **Total cost of MEALS.** Back of form must be completed: List each meal on a separate line, showing date, which meal, eating establishment (e.g.: Subway), whether a receipt is attached, and the cost.\$ \_\_\_\_\_ **Per Diem in Lieu of Subsistence.** (\$10 a day will be added to meals for each night employee stays with friend/relative instead of in a hotel/motel.)\$ \_\_\_\_\_ \* **Total cost of LODGING.** Maximum varies by city. Receipt must show zero balance and number of persons in room. Reimbursement limited to single room rate. Ask clerk to list single room rate and sign.WAS Hotel/Motel DESIGNATED Meeting Place for Conference? \_\_\_\_\_ YES\*\* or \_\_\_\_\_ NO\$ \_\_\_\_\_ \*\* **Registration fee.** Per Diem maximum will be reduced for meals provided by registration.\$ \_\_\_\_\_ \* **Toll Road Charges.**\$ \_\_\_\_\_ \* **Parking Charges.** \$ \_\_\_\_\_ \* **Other (describe):** \_\_\_\_\_

\* For these items, receipts must be attached. \*\*Must be supported by copy of conference agenda/brochure/flyer.

**Part III Mileage Reimbursement***Complete only if approved by Administration for reimbursement of mileage. The Shorter Distance Rule applies.*From \_\_\_\_\_ to \_\_\_\_\_ and Return  
(City, State) (City, State)

Odometer reading: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Totals miles: \_\_\_\_\_ @ \$0.555 per mile = \$ \_\_\_\_\_ (Rate change 7-1-11)

(Mileage reimbursement rate usually changes each January 1—call 327-8143 for assistance.)

TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_ Notes: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**For Office Use Only**

Amount Approved	Notes	Funding

