

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY** Alva – Enid - Woodward  
**APPLICATION FOR TRAVEL REIMBURSEMENT**

**Part I Trip Information**

NAME: \_\_\_\_\_ SS# (last 4 digits only): 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: \_\_\_\_\_

DATE(S) OF ACTUAL MEETING(S): from \_\_\_\_\_, 20 \_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_

MEETING TIMES: from \_\_\_\_\_ AM or PM to \_\_\_\_\_ AM or PM *(Always attach agenda/brochure/flyer)*

CITY & 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.*

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 \_\_\_\_\_ & Return  
 (City, State) (City, State)

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

Totals miles: \_\_\_\_\_ @ \$0.55 per mile = \$ \_\_\_\_\_ (Rate change 1-1-09)  
 (Mileage reimbursement rate usually changes each January 1—call 327-8143 for assistance.)

TOTAL AMOUNT CLAIMED: \$ _____ Notes: _____	
SIGNATURE: _____	TODAY'S DATE: _____

<i>For Office Use Only</i>		
Amount Approved	Notes	Funding

