TRAVEL REIMBURSEMENT FORM

Name: _______________________________________________________

Have you ever been reimbursed for travel by OSGC: YES or NO

If NO, please provide your OSU ID# or your SSN if you are not an OSU student/employee (leave blank if you answered YES): _______________________________________________________

Reimbursement Address: ________________________________________________

______________________________________________________________________

______________________________________________________________________

ITINERARY

Depart: __________________________ on __________________________ at __________

(Home City) (Date) (Time)

Arrive: Klamath Falls, OR on __________________________ at __________

(Date) (Time)

Depart: Klamath Falls, OR on __________________________ at __________

(Date) (Time)

Arrive: __________________________ on __________________________ at __________

(Home City) (Date) (Time)

Miscellaneous:

______________________________________________________________________

______________________________________________________________________

Total Mileage

*Will be calculated using OUS mileage chart unless exact mileage is reported

Please complete and return this form with your zero-balance hotel receipt to an OSGC staff member before you leave the meeting. Meal receipts are not required! Meals not provided at the meeting will be reimbursed at a per diem rate. Shortly after the meeting, you will receive an email copy of your reimbursement form that will require your signature. Payment will be processed as soon as the signed form is received back at the Oregon Space Grant office. Please send electronically if possible!