

## 2019 Oregon Space Grant Consortium Affiliate Meeting





## 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):					
Reimbursem	nent 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)
Miscellaneo	us:	-			
			Total Mileage		
			*Will be calculated using OUS mileage chart unless exact mileage is reported		ge chart unless

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!