

Please be sure to submit all ORIGINAL RECEIPTS with this form to avoid delays with your reimbursement.

AEC Travel Reimbursement Worksheet

Name	Address to send payment to (other than department):	
		New <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/>

Date Prepared:	Pre-approval on File? Yes <input type="checkbox"/> No <input type="checkbox"/>	OSU Dept./Official Station: Applied Economics
-----------------------	--	---

OSU ID No.	Index No.	Activity Code	OSU Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Code In-State <input type="checkbox"/> Out of State <input type="checkbox"/> International <input type="checkbox"/>
-------------------	------------------	----------------------	--	---

Purpose of travel (conference/meeting, etc.) NOTE: documentation, which describes the conf/mtg agenda/program and which lists the affiliated lodging sites and meals provided, MUST be attached. Please include URLs to conference sites when available.

Was your personal vehicle used for any portion of this travel (i.e. to/from airport): Yes No Current OUS mileage rates will be used.

Date _____	Destination _____	Mileage _____
Date _____	Destination _____	Mileage _____

Date	Time Departed	Time Arrived	Itinerary <i>Ex. Corvallis – PDX – New Orleans, LA</i>	Breakfast	Lunch	Dinner	Lodging Rate
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Lodging rate = the amount charged for the room ONLY. Enter lodging taxes, other taxes, internet access, etc. below. Laundry costs cannot be claimed.
- Did you stay with a family member or friend instead of at a hotel? If so, you are eligible to be reimbursed for "non-commercial lodging" at the rate of \$25 per night.
- Was lodging shared? If so, with whom? _____
- Check the boxes (above) for the meals that you are claiming. If meals were included with your conf/mtg registration, you CANNOT claim reimbursement for meals, even if you did not use them.
- For all per diem rates visit OSU website: http://oregonstate.edu/fa/businessaffairs/travel/tres/per_diem_us

Airfare (attach flight itinerary)	Direct billed to OSU <input type="checkbox"/> travel agency _____ Paid personally <input type="checkbox"/> Must have quote from OSU approved travel agency (attached quote/receipt) Total cost _____
---	---

Other Expenses: lodging/city taxes, taxi, shuttle, rental car, registration fees, internet access, etc.

Date	Expense(s)	Amount