

**STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET**



1. Name of Employee: Social Security No.: Phone Number:		2. Agency (including address to mail check to)		3. Period (Month & Year of travel)			
4. Official Station (address of worksite)		5. Division, Work Unit, Cost Center		6. Regular Scheduled Work Shift 8am-5pm Other _____			
7. Unrepresented	Management Service	Executive Service	Volunteer	Bargaining Unit Name			
8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursements Breakfast Lunch Dinner	13. Lodging	14. TOTAL Meals & Lodging
15. TOTALS							

16. (Office Use Only) Cost Distribution		17. Date	18. MISCELLANEOUS EXPENSES Fares, Telephone, Other, and Private Vehicle Odometer Readings: (beginning & end or we'll use the State Mileage chart) http://www.oregon.gov/ODOT/TD/TDA/TA/otms/docs/MileageChart.pdf	19. Rate Per Mile	20. Private Car Miles	21. Amount
15. TOTALS						

24. PART A: I did/will did not/ will not accept travel awards as a result of, or associated with this state business trip.
PART B: _____ ←----- Your *hand-written* **Initials Here, in BLUE INK, please**

COMPLETION OF THIS BLOCK IS MANDATORY.

Travel expense reimbursement claims will not be processed if this block is left blank or the wrong box is checkmarked. Travel awards include, but may not be limited to, airline "frequent flyer" miles and hotel or car rental "frequent customer" awards or miles.

Tip: OREGON STATE LAW REQUIRES THAT TRAVEL AWARDS NOT BE ACCEPTED by State Employees, OR by those who are being reimbursed by a State agency for expenses related to business travel.

25. REASON FOR TRAVEL (include event, date and meeting site- city and state, at least):		26. GRAND TOTAL AMOUNT
OCCF Contact Person: Yani Davison, 503-378-5117		27. Travel Advance Amount
		28. AMOUNT DUE EMPLOYEE/STATE

29. Received Training		Conducted Training	Date	31. Title
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.		30. Signature of Employee (use BLUE INK, please)		
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.		32. Approved By	Date	33. Title