

OSU/FST Travel Reimbursement Form

Name: Campus Wide ID:

License Tag #: Daytime Phone:

Type of Class OR Reason for Travel (Please include Event ID#):

Traveled from (your city) Traveled to (city you visited)	Date	Trip Miles	Vicinity Miles	Time Left Home	Time Returned Home	Meeting Times	Lodging	Meals	Misc. Supplies/ Expenses
Totals									

Address to mail check to:

Address:

City: State: Zipcode:

Signature: _____

Total Lodging:	<input style="width: 100%;" type="text"/>
Total Meals:	<input style="width: 100%;" type="text"/>
Miles @ \$.50 per mile:	<input style="width: 100%;" type="text"/>
Total Misc. Supplies/Expenses:	<input style="width: 100%;" type="text"/>
TOTAL AMOUNT:	<input style="width: 100%;" type="text"/>

Date sent to OSU: _____

Coordinator's Initials: _____

REMINDER: Send original receipts with form (includes: hotel bill, supplies receipts [MUST BE WITHIN MEETING DATES], and toll/parking). Fill this form out COMPLETELY to avoid a delay in your reimbursement. Please write legibly. **PLEASE NOTE:** If an overnight stay was required, the original hotel bill with a ZERO balance and NO TAXES/INCIDENTALS charged must be attached. **We must have all original receipts for auditing purposes.** Attach all receipts to this form and mail to: 1723 W Tyler, Stillwater, OK 74078, Attn: Your travel claim preparer's name.

OFFICE USE ONLY:

Account #: _____ Travel Claim #: _____ Event ID#: _____