

2017 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

Attendee's name:	Work Phone:
Work Address:	
Name and location of meeting:	

PLEASE INCLUDE DATE IN EACH COLUMN						Total
Air/train fare (<i>receipts required</i>)						
Baggage (<i>receipts required</i>)						
Hotel (<i>receipts required</i>)						
Internet (<i>receipt required</i>)						
Auto mileage (miles x \$0.535)						
Taxi/shuttle (<i>receipts required</i>)						
Parking (<i>receipts required</i>)						
Subway/bus						
Tolls						
Start and end time of trip:						
MEAL ALLOWANCE						
Breakfast (max. \$12.00)						
Lunch (max. \$18.00)						
Dinner (max. \$36.00)						
Incidentals/tips (<i>max. \$5.00 per day</i>)						
					TOTAL=	

Meal allowance amounts are the maximum allowed less any meals provided as part of the event; receipts **are not required. The amount will be pro-rated based on start/end time from/to the traveler's home or place of work based on the following: (75% for 6 hours; 50% for 4 hours; and 25% for 2 hours)*

If your reimbursement amount has to be split, please indicate name/address/amount for each check:

1.	\$
2.	\$

2017 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

Attendees signature:

Date:

Please send your signed copy to Kathy Burr in any of the three ways below:

1. **Email** scanned copies of the signed form and receipts via email to “kathy@opsi.us”
2. **Mail** to OPSI, 700 Barksdale Rd, Suite1, Newark, DE 19711
3. **Fax** copies of the signed form and receipts to (302) 266-0976

Approved:

Date: