

## 2017 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

Attendee's name:

Work Phone:

Work Address:

Name and location of meeting:

PLEASE INCLUDE DATE IN EACH COLUMN						<b>Total</b>
Air/train fare ( <i>receipts required</i> )						
Baggage ( <i>receipts required</i> )						
Hotel ( <i>receipts required</i> )						
Internet ( <i>receipt required</i> )						
Auto mileage ( <b>miles x \$0.545</b> )						
Taxi/shuttle ( <i>receipts required</i> )						
Parking ( <i>receipts required</i> )						
Subway/bus						
Tolls						
<b>Start and end time of trip:</b>						
<b>MEAL ALLOWANCE</b>						
Breakfast (max. \$12.00)						
Lunch (max. \$18.00)						
Dinner (max. \$36.00)						
Incidentals/tips ( <i>max. \$5.00 per day</i> )						
					<b>TOTAL=</b>	

*\*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:*