**OPSI Travel Reimbursement Request Form**

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| --- |
| Attendee’s name: Work Phone:  Work Address:  Name and location of meeting: |

*No receipts required under $25.00 unless specifically stated below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE INCLUDE DATE**  *and trip start and end time* |  |  |  |  |  | **Total** |
| Air/train fare**(*receipts required*)** |  |  |  |  |  |  |
| Baggage**(*receipts required*)** |  |  |  |  |  |  |
| Hotel**(*receipts required*)** |  |  |  |  |  |  |
| Internet**(*receipt required*)** |  |  |  |  |  |  |
| Auto mileage**(*miles x $0.58*)** |  |  |  |  |  |  |
| Taxi/shuttle**(*receipts required*)** |  |  |  |  |  |  |
| Parking**(*receipts required*)** |  |  |  |  |  |  |
| Subway/bus |  |  |  |  |  |  |
| Tolls |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| ***See note below re: per diem*** |  |  |  |  |  |  |
| Breakfast  ***(max. $12.00)*** |  |  |  |  |  |  |
| Lunch  ***(max. $18.00)*** |  |  |  |  |  |  |
| Dinner  ***(max. $36.00)*** |  |  |  |  |  |  |
| Incidentals/tips  ***(max. $5.00)*** |  |  |  |  |  |  |
|  |  |  |  |  | **TOTAL =** |  |

***Per diem* amounts are the maximum allowed less any meals provided as part of the event; receipts are not required.**

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

|  |  |
| --- | --- |
|  | $ |
|  | $ |

Attendee’s signature: Date: \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please mail this form signed with all original receipts to:  OPSI, 700 Barksdale Road– Suite 1, Newark, DE 19711  ***or,*** send scanned copies of the signed form and receipts via email to “kathy@opsi.us”  Any questions/clarifications, contact Kathy Burr at 302-266-0914 |
| ***For OPSI use only: Amount $ Check # Date:***  ***Approved by:*** |

*Updated January 10, 2019*