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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE INCLUDE DATE IN EACH COLUMN** |  |  |  |  |  | **Total** |
| Air/train fare (*receipts required*) |  |  |  |  |  |  |
| Baggage (*receipts required*) |  |  |  |  |  |  |
| Hotel (*receipts required*) |  |  |  |  |  |  |
| Internet (*receipt required*) |  |  |  |  |  |  |
| Auto mileage **(*miles x $57.5*)** |  |  |  |  |  |  |
| Taxi/shuttle (*receipts required*) |  |  |  |  |  |  |
| Parking (*receipts required*) |  |  |  |  |  |  |
| Subway/bus |  |  |  |  |  |  |
| Tolls |  |  |  |  |  |  |
| **MEAL** **ALLOWANCE** |  |  |  |  |  |  |
| Breakfast (max. $12.00) |  |  |  |  |  |  |
| Lunch max. $18.00) |  |  |  |  |  |  |
| Dinner(max. $36.00) |  |  |  |  |  |  |
| Incidentals/tips ***(max.$5.00 per day)*** |  |  |  |  |  |  |
|  |  |  |  | **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. | $ |

**Please provide home address if this is a personal reimbursement AND you prefer to have it mailed to your home, please provide that address on the line below:**

|  |  |
| --- | --- |
| **Home address:** |  |

**Attendee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **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

 ***Approved: Date:\_\_\_\_\_\_\_\_\_\_\_***  |