

OPSI Travel Reimbursement Request Form

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 <i>and trip start and end time</i>							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 <i>(miles x \$0.58)</i>							
Taxi/shuttle <i>(receipts required)</i>							
Parking <i>(receipts required)</i>							
Subway/bus							
Tolls							
Other							
See note below re: per diem							
Breakfast <i>(max. \$12.00)</i>							
Lunch <i>(max. \$18.00)</i>							
Dinner <i>(max. \$36.00)</i>							
Incidentals/tips <i>(max. \$5.00)</i>							
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 \$
Approved by:

Check #

Date:

Updated January 10, 2019