

2020 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

Attendee's name:

Work Address:

Work Phone:

Name and location of meeting:

PLEASE INCLUDE DATE IN EACH COLUMN						Tota l
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 \$57.5)</i>						
Taxi/shuttle <i>(receipts required)</i>						
Parking <i>(receipts required)</i>						
Subway/bus						
Tolls						
<i>Start and end time of trip:</i>						
MEAL ALLOWANCE						
Breakfast (max. \$12.00)						
L u n c h m a x . \$18.00)						
D i n n e r (m a x . \$36.00)						
Incidentals/tips <i>(max. \$5.00 per day)</i>						

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	TOTAL =
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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*

<u>Home address:</u>	
1.	\$
2.	\$

*25% for 2 hours)*If your reimbursement amount has to be split, please indicate name/address/amount for each check:

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:

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: