

## 2020 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

Attendee's name:

Work Address:

Work Phone:

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 ( <i>miles x \$57.5</i> )						
Taxi/shuttle <i>(receipts required)</i>						
Parking <i>(receipts required)</i>						
Subway/bus						
Tolls						
<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>	

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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 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:**

<b><u>Home address:</u></b>	
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**Attendee 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

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