

2021 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

Attendee's name:

Work Address:

Work Phone:

Name and location of meeting:

PLEASE INCLUDE DATE IN EACH COLUMN						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 \$0.56</i>)						
Taxi/shuttle (<i>receipts required</i>)						
Parking (<i>receipts required</i>)						
Subway/bus						
Tolls						
MEAL ALLOWANCE						
Breakfast (max. \$12.00)						
Lunch max. \$18.00)						
Dinner(max. \$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 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:

<u>Home address:</u>	
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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:** _____