

2024 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

<p>Attendee's name:</p> <p>Work Address:</p> <p>Work Phone:</p> <p>Name and location of meeting:</p>
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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>(.67 cents per mile)</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)						
Lunch max. \$18.00)						
Dinner (max. \$36.00)						
Incidentals/tips <i>(max.\$5.00 per day)</i>						
					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)*

In the table below:

- Please provide your home address if this is a personal reimbursement AND you prefer to have it mailed to your home.
- Provide the Commission address **and to who's attention** the reimbursement should be mailed to if that is preferred.
- If your reimbursement amount must be split, please indicate name/address/amount **for each check**.

1.	\$
2.	\$

Attendee Signature/Date: _____

Please send your signed copy to Kathy Burr:

1. **Email- scanned** copies of the signed and dated form and receipts via email to "kathy@opsi.us"
2. **USPS Mail-** OPSI, 700 Barksdale Rd, Suite1, Newark, DE 19711

Approved: _____ ***Date:*** _____