|  |
| --- |
| **Attendee’s name:**  **Work Address:**  **Work Phone:**  **Name and location of meeting:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE INCLUDE DATE IN EACH COLUMN** |  |  |  |  |  | **Total** |
| Air/train fare (*receipts required*) |  |  |  |  |  |  |
| Baggage (*receipts required*) |  |  |  |  |  |  |
| Hotel (*receipts required*) |  |  |  |  |  |  |
| Internet (*receipt required*) |  |  |  |  |  |  |
| Auto mileage *(.67 cents per mile)* |  |  |  |  |  |  |
| Taxi/shuttle (*receipts required*) |  |  |  |  |  |  |
| Parking (*receipts required*) |  |  |  |  |  |  |
| Subway/bus |  |  |  |  |  |  |
| Tolls |  |  |  |  |  |  |
| ***Start and end time of trip:*** |  |  |  |  |  |  |
| **MEAL ALLOWANCE** |  |  |  |  |  |  |
| Breakfast (max. $12.00) |  |  |  |  |  |  |
| Lunch max. $18.00) |  |  |  |  |  |  |
| Dinner (max. $36.00) |  |  |  |  |  |  |
| Incidentals/tips  ***(max.$5.00 per day)*** |  |  |  |  |  |  |
|  |  |  |  | **TOTAL=** |  | |

*\*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.
* If you prefer an ACH Direct Deposit, please include the account information as well as the routing number. You may call ***Kathy*** directly ***(302-312-6789)*** to provide this information **or** include it with your request.
* **Commission Reimbursements-**

Provide the Commission address ***and to the attention of the proper person within the* commission the reimbursement should be mailed to.**

* 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: \_ \_\_\_\_\_\_\_\_\_\_*** |