

## 2025 OPSI TRAVEL REIMBURSEMENT REQUEST FORM

<p><b>Attendee's name:</b></p> <p><b>Work Address:</b></p> <p><b>Work Phone:</b></p> <p><b>Name and location of meeting:</b></p>
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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>(.70 cents per mile)</i>						
Taxi/shuttle <i>(receipts required)</i>						
Parking <i>(receipts required)</i>						
Subway/bus						
Tolls						
<b><i>Start and end time of trip:</i></b>						
<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)*

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