

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee		2. Agency OCMP / OPAC		3. Period (Month and Year)	
4. Official Station		5. Division, Work Unit, Cost Center		6. Regular Schedule Work Shift 8am-5pm Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteer <input checked="" type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> Other <input type="checkbox"/> OPAC Member			

Mailing Address

8. Date	9. Time of Departure	10. Time of Arrival	11. Description	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		

We do not need meal receipts.
We do need lodging receipts.

15. Totals				16. (Office Use Only)		17. Date		18. Miscellaneous Expenses <input checked="" type="checkbox"/> Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
PCA	OBJ	Amount		From:	To:					0.505			
				From:	To:					0.505			

Room tax goes here.

24. I did/will did not/will not, XXX, accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)		26. Grand Total Amount	
		27. Travel Advance Amount	
		28. Amount Due Employee/State	
		29. Received Training Conducted Training	

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.		30. Signature of Employee Blue Ink		31. Title		Date	
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.		32. Approved By		33. Title		Date	

DIRECTIONS FOR TRAVEL EXPENSE SHEET FORM

Box

1. Please print your name
- ** Print the address where you would like the travel check mailed.
- 8 - 10. Please indicate the date(s) and time(s) and location from where you departed from, and subsequently, the arrival time to your destination.
18. Please print the city/town you are traveling from. Shortest mileage to and from destination will be used.

For the return trip, please print the city/town you are traveling from. Shortest mileage to and from destination will be used.
24. Please check "No" in this section (indicates you did not/will not accept travel awards.)
30. Sign your name in BLUE ink
31. Write in your title and date the form.

Website address to Federal Per Diem Rates: www.gsa.gov/perdiem

Please send the signed, original form to:

Jay Charland
Oregon Dept. of Land Conservation and Development
635 Capitol Street, NE #150
Salem, OR 97301-2540
(503) 373-0050, ext. 253

Please call if you have any questions.