

SCHOLARSHIP REIMBURSEMENT FORM

OPTIS External User Training

Applicant Name / Title

Street / City / State / Zip

Email

Agency Name

Dates of training

Comments?

Registration:		\$ Free
Travel: (For >60 miles one-way only)		
Ground travel (private car @ 0.50/mile) Use x 2 calculation if you stayed overnight in Salem. Use x 4 calculation if you returned home & then traveled back to Salem for 2 nd training day	# one-way miles _____ x 2 x \$0.50 = OR # one-way miles _____ x 4 x \$0.50 =	\$
Shuttle/Taxi/Bus/Train Fare		\$
Parking		Free at HRC
Lodging*: (For >60 miles one-way only)		
Basic state rate @ \$70	# _____ days x \$_____, plus tax	\$
TOTAL REQUEST		\$

Applicant Signature

Date

Organization Representative Signature

Date

***Attach motel/hotel receipt(s) to this form before submitting.**

Form does not auto-calculate nor allow fill-in. Please print, complete in ink, obtain signatures, and return to Maile Boals at 555 13th St. Salem OR 97301. Signed form may be scanned and sent electronically to maile.boals@odot.state.or.us. Questions? 503-986-3372