

For additional information, see the Department Travel Rules at <http://scd.das.state.or.us/oam/scdpolicy/tableofcontent.htm#travel> or contact the Office of State Fire Marshal HazMat Teams unit at (503) 373-1540. Federal per diem rates can be found at http://www.gsa.gov/Portal/gsa/ep/contentView.do?programId=9704&channelId=-15943&oid=16365&contentId=17943&pageTypeId=8203&contentType=GSA_BASIC&programPage=%2Fep%2Fprogram%2FgsaBasic.jsp&P=MTT

A completed Travel Expense Detail Sheet must be submitted to the OSFM within FIFTEEN DAYS of the completion of training or last date of seminar/conference.

ORIGINAL RECEIPTS for all lodging expenses claimed and for miscellaneous expenses over twenty-five dollars MUST be attached to original copy of this form. Receipts for meals need not be included.

Social Security Number: Enter the SSN of the Team Member.

Payee Name and Address: Enter the name of the person or department to whom the reimbursement is to be made. Enter the complete mailing address for the Payee. Reimbursement cannot be made without this information.

Team Member Name: Enter the name of the team member.

Team Name and Team #: Enter the name of the team you represent and team number, i.e. Douglas County HazMat Team and Team # 01.

Mailing Address: Enter your mailing address where you receive official mail.

Location (City) of Official Station: Enter the official station of the Team Member claiming reimbursement.

Telephone No.: Enter your daytime telephone number.

Course Name/Title: Enter the Course Name/Title of the training attended.

Date: Make a separate line entry for each day of travel.

Time of Departure from Station: For the first date of travel, enter the time of departure from your official station. Times do not need to be entered for days you do not travel.

Time of Return to Station: For the last date of travel, enter the time of return to your official station.

Destination: Enter the name of the city you are traveling to on the first date. Enter the name of the city you are returning to on the last date.

Per Diem/Hourly Allowance: Enter the applicable daily meal per diem for the travel destination.

Breakfast: Enter the applicable breakfast meal per diem.

Lunch: Enter the applicable lunch meal per diem.

Dinner: Enter the applicable dinner meal per diem.

Lodging: Enter the actual cost of lodging, not including room tax.

Total Meals & Lodging: Enter the total of the amounts for meals and lodging.

Totals: Show the total of each column at the bottom of the columns.

OSFM Use Only: FOR OFFICE USE ONLY! - Cost Distribution: This section is for the use of the accounting section of the employing agency in distributing costs.

Date: Show the month and day(s) in which the miscellaneous expense(s) was incurred.

Miscellaneous Expenses: Fares, Vehicle Mileage, Room Tax, Telephone Charges, and Other Expenses. Identify the exact expense claim. Sample entries are "Car mileage - Salem to Portland and return." "Telephone Call", "Parking" (Use additional forms if needed.)

Training Related Y/N: Indicate if the mileage and/or miscellaneous expenses are training related.

Rate Per Mile: Enter rate per mile for vehicles.

Vehicle Miles: Enter the number of miles traveled in a vehicle on official business.

Amount: Enter the amount for each item of expense.

***Travel Awards:** Check the appropriate boxes regarding any travel awards accepted as a result of this travel. The completion of this block is mandatory in order to obtain reimbursement for the expenses claimed on this form. Agencies are mandated to collect this information and maintain records on employee accumulations as reported. Travel awards include, but are not limited to, airline frequent flyer miles, hotel and car rental points or rewards.

***YOU MUST COMPLETE THIS BOX OR YOUR REIMBURSEMENT CANNOT BE PROCESSED.**

Reason for Travel: Be specific in stating reason for travel and subsequent expenses incurred.

Grand Total Amount: Add expenses from Total of Meals and Lodging to Total of Miscellaneous Expenses.

Amount Due Employee/State: Enter the total amount the State of Oregon owes the employee.

Shared Room: Check box if you shared a room with another person. List the name and team number of the other occupant.

Signature: The travel expense detail sheet must be signed by the team member, certifying that the request for reimbursement is for actual expenses not claimed from any other source. Signature must be original. Fax and photocopies will not be accepted.

Team Representative Signature: The travel expense detail sheet must be signed by the Team Administrator or Team Training Coordinator, certifying that the request for reimbursement is for actual expenses not claimed from any other source and approving these funds be deducted from their training budget. Signature must be original. Fax and photocopies will not be accepted.