

STATE OF OREGON
Employee Report of Travel Awards
Accepted While Conducting State Business

AGENCY: _____

Date: _____

Division: _____

Report from: ___/___/20___ to
 ___/___/20___

Please use multiple reports for each airline that you have accepted travel awards while on State business.

Name of Employee: _____

Work Section: _____

Name of Airline: _____

Frequent Flyer Account #: _____

AIRLINE AWARDS EARNED/USED

State Travel Awards Previous Balance: _____

Adjustments From Previous Reports: _____

*Explanation

Awards *Earned* During Period: (+) _____

Awards *Used* During Period: (-) _____

Awards Lapsed/Expired: _____

State Travel Awards Ending Balance: (=) _____

OTHER AWARDS ACCEPTED

Program	Beginning Balance	Awards Earned	Awards Used, Adjusted or Expired	Ending Balance

I certify that the information provided is true and accurate.

 Employee Signature

 Date

****This form is to be completed and must accompany any Travel expense Detail Sheet that indicates travel awards were or will be accepted. Missing disclosure forms will delay payment of the travel expense reimbursement. Employees must retain their travel award statements.**