

Travel and Expense Claim

This will be your SSN. We need this to pay you.

We fill this out

Standard schedule is 8:00 – 5:00 which will be the default

Mail to:
DHS/OHA Financial Services Accounts
Payable – Travel
500 Summer Street NE
Salem, Oregon 97301

Management: <input type="checkbox"/>	Agency: <input type="checkbox"/> OHA <input type="checkbox"/> DHS	For the month of: Jul-18
Employee: <input type="checkbox"/>	Index (cost cntr):	Official duty station:
Volunteer: <input type="checkbox"/>	If known - PCA:	What is your work schedule? {example: 8:00-5:00}
Brd/commission: <input type="checkbox"/>	Client case no./PL:	Work schedule: 8:00 - 5:00

Employee ID number: 123-45-6789		See instruction tab.		Did you receive a travel advance?								
Print first name: Sally		Print last name: Example		No								
Work phone number (area code and ext): 503-555-5555		Your complete mailing address: 1234 Maple Drive, Salem OR 97301		If "yes", how much: _____ Advance no. TA: _____								
Dates and destination			Mileage	Meals			Lodging	Misc.	Reasons			
Complete date	Time (include AM and/or PM) Travel begins Travel ends		Destination/location/city	Mileage	Effective 01/01/18 Rate .545 Tier 1	Breakfast	Lunch	Dinner or pro rate	Daily total meals	Receipt required	Amount (parking, phone, room tax)	Reason for travel (be specific)
07/02/18	8:00am	9:30am	Portland, Oregon	88	\$47.96		\$16.00	\$28.00	\$44.00	\$182.00	32	Site visits
07/03/18	3:30pm	5:00pm	Salem, Oregon	88	\$47.96	\$15.00	\$16.00		\$31.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
Subtotal:				176	\$95.92	\$15.00	\$32.00	\$28.00	\$75.00	\$182.00	\$32.00	Total requested:
Totals from attached page:				0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Grand total:				176	\$95.92	\$15.00	\$32.00	\$28.00	\$75.00	\$182.00	\$32.00	

(Check one): I did/will _____ Initial I did not/will not accept travel awards as a result of this state trip. **SE** Initial

Claimant signature: Sally Example	Date signed: 7/5/18
Claimant's signature certifies that all reimbursements claimed are duty required expenses and that no part has been heretofore claimed or will be claimed from another source.	
Approval signature:	Date: _____
	Print approver name: _____

Generally, you don't get breakfast your initial travel day or dinner your final travel day. Exceptions are if you start your day before 6am or end your day after 6pm

Room cost only. We can only pay max per diem listed on gsa.gov	Service	This is where you list room fees/taxes

Approval signature certifies that the expenses are for approved business travel and the amount