

E-mail to: OFS.TravelUnit@dhsosha.state.or.us
or mail to:

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

Travel and Expense Claim

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

Employee ID number:			E-Mail (Required):				Did you receive a travel advance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Print first name:		Print last name:		Your complete mailing address:								
Work phone number (area code and ext):				If "yes", how much: _____ Travel advance no.: _____								
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 01/01/19 Rate .58 Tier 1	Breakfast	Lunch	Dinner	Daily total meals	Receipt required	Amount (parking, phone, room tax)	Reason for travel (be specific)
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
Subtotal:				0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total requested:
Totals from attached page:				0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Grand total:				0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

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

*Form 823 attached or on file

Claimant signature: _____	Date signed: _____
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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: _____	Phone number: _____
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Approval signature certifies that the expenses are for approved business travel and the amounts are correctly calculated.

For Financial Services use only			