



Employee Name _____
Organization _____
Address _____
City, ST, ZIP _____

Employee Signature

Fiscal Representative Signature

Contract Number _____
Purpose of Travel _____

Organization Tax ID

Dates of Travel _____ **Destination** _____

Federal Per Diem Rates for Destination: *Go to GSA.gov/travel to find Per Diem rates*

Lodging (Hotel Room) _____

Meals & Incidentals _____

Instructions: Please review Oregon Statewide Travel Policy 40.10.00 (attached). The State of Oregon uses the federal Per Diem rates for determination of lodging and meals reimbursement. If your hotel room rate exceeds Per Diem your reimbursement will be reduced accordingly. Your meals allowance (Per Diem times total days of travel) will be adjusted based on your exact departure and return times on your first and final days of travel, and will be reduced by any meals that are provided during your training conference. Any exceptions to standard practice must be approved in advance. In addition, your personal mileage to and from the airport or train station, or to the training event itself, will be reimbursed at the federal full mileage rate in effect at the time of your travel. Mileage reimbursement requires mileage maps as supporting documentation. Your actual expenses for the training conference, transportation (air, train, rental car taxi or shuttle), miscellaneous expenses (parking, luggage, WiFi), and hotel tax require receipts. Also attach the conference agenda.

EXPENSES

enter totals unless directed otherwise, attach receipts for all but meals, and include mileage maps and conference agenda

TRANSPORTATION

Air/Train/Rental Car _____
Taxi/Uber/Shuttle _____

HOTEL

Room (nights x Per Diem) _____
Tax (from receipt) _____
Resort Fee (from receipt) _____

MISCELLANEOUS

Parking _____
Luggage _____
WiFi _____

PERSONAL MILEAGE

Total mileage x \$0.585 _____

MEALS ALLOWANCE

First day of travel, departure time adjustment, enter appropriate amount:

Depart before 6 AM, 100% of Per Diem _____
Depart 6 AM-Noon, 75% of Per Diem _____
Depart Noon-6 PM, 50% of Per Diem _____
Depart after 6 PM, 25% of Per Diem _____

Final day of travel, return time adjustment, enter appropriate amount:

Return before 6 AM, 25% of Per Diem _____
Return 6 AM-Noon, 50% of Per Diem _____
Return Noon-6 PM, 75% of Per Diem _____
Return after 6 PM, 100% of Per Diem _____

Interim days of travel x Per Diem, enter total: _____

subtotal before deduction of meals provided:

Deduction for meals provided during training conference:

Subtract: breakfasts x 25% of Per Diem, enter total: _____
Subtract: lunches x 25% of Per Diem, enter total: _____
Subtract: dinners x 50% of Per Diem, enter total: _____

grand total all expenses including meals

total meals allowance after deductions:

Date _____ Reviewed by _____, Verified by _____, Approved by Kim Freeman, Asst. Director _____