

OPSI Travel Reimbursement Form (for all areas effective 1-Jan-11)

Attendee's name:	Work Phone:
Work Address:	
Name and location of meeting:	

No receipts required under \$25 unless specifically stated below:

PLEASE INCLUDE DATE →						Total
Air/train fare (<i>receipts required</i>)						
Baggage (<i>receipts required</i>)						
Hotel (<i>receipts required</i>)						
Internet (<i>receipt required</i>)						
Auto miles (\$0.51/mile)						
Taxi/shuttle (<i>receipts required</i>)						
Subway/bus						
Parking (<i>receipts required</i>)						
Tolls						
Other						
					SUB TOTAL=	
Trip start time from home/office						
* Breakfast provided (max. \$12)						
* Lunch provided (max. \$18)						
* Dinner provided (max. \$36)						
* Incidentals/tips (max. \$5)						
Trip end time at home/office						
					GRAND TOTAL=	

* *Per diem* items are the maximum allowed and do not require receipts; there is no reimbursement for meals provided as part of the event. You can leave it blank and OPSI staff will calculate it for you.

If the reimbursement amount has to be split, please indicate name/address/amount for each check:

	\$
	\$

Attendee's signature: _____ Date _____

Please mail this form and all original receipts to: OPSI, 249 E. Main Street, Bldg. 2 – Suite 1, Newark, DE 19711 <i>or</i> , fax copies to (302) 266-0914; <i>or</i> , send scanned copies via email to “kathy@opsi.us”		
Any questions/clarifications, contact Kathy Burr at 302-266-0914		
For OPSI use only: Per diem \$	Check #	Date
Total reimbursement amount: \$	Approved by	