

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

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

No receipts required under \$25.00 unless specifically stated below.

PLEASE INCLUDE DATE →						Total
Air/train fare (receipts required)						
Baggage (receipts required)						
Hotel (receipts required)						
Internet (receipt required)						
Auto mileage (miles x \$0.555)						
Taxi/shuttle (receipts required)						
Parking (receipts required)						
Subway/bus						
Tolls						
Other						
Per diem: <ul style="list-style-type: none"> • The maximum daily amount to be used for breakfast, lunch, dinner, tips, and incidentals is \$71 with no receipts required. • If meals are provided at an event, then the daily amount is reduced by \$12 for breakfast, \$18 for lunch, and \$36 for dinner. 						
TOTAL =						

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

	\$
	\$

Attendee's signature:

Date:

Please mail this form signed with all original receipts to:

OPSI, 249 E. Main Street, Bldg. 2 – Suite 1, Newark, DE 19711

or, only fax copies of the signed form and receipts to (302) 266-0914

or, send scanned copies of the signed form and receipts 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