

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET

Department of Administrative Services



1. Name of Employee		2. Agency		3. Period (Month and Year)	
4. Official Station		5. Division, Work Unit, PCA		6. Regular Schedule Work Shift <input type="checkbox"/> 8am-5pm <input type="checkbox"/> Other to	
7. Unrepresented <input type="checkbox"/> Bargaining Unit <input type="checkbox"/>		Mgt Svc <input type="checkbox"/> Exec Svc <input type="checkbox"/> Board/Comm <input type="checkbox"/> Other <input type="checkbox"/>		Volunteer <input type="checkbox"/>	

Home Address:

Employee ID

8. Date	9. Departure Time	10. Arrival Time	11. Description	12. Per Diem/ Full Day	Individual Meal Reimbursement			13. Lodging (Less Tax)	14. Total Meals/Lodging
					Breakfast 25%	Lunch 25%	Dinner 50%		
									-
									-
									-
									-
									-
									-
15. Totals					-	-	-	-	-

16. (Office Use Only)			17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Baggage, Other	19. Total PVM Miles	20. Commute Miles	21. Reimbursed PVM Miles	22. Rate per Mile	23. Amount
PCA	OBJ	Amount							
								0.535	-
								0.535	-
								0.17	-
								0.17	-
Totals		-							
24. Section Total									-

25. I did ___ did not ___ accept travel awards as a result of, or associated with this state business trip.
 Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to , airline frequent flyer miles and hotel or car rental frequent customer awards.

26. REASON FOR TRAVEL: (Be specific.)		27. Grand Total Amount	\$	-
		28. Travel Advance Amount	\$	-
		29. Amount Due Employee/State	\$	-
		30. Received Training	Conducted Training	

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	31. Signature of Employee	32. Title	Date
	I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	33. Approved By	34. Title