

**BUSINESS SERVICES - TRAVEL**

1250 Siskiyou Blvd, Ashland, Oregon 97520  
T 541-552-6553 | F 541-552-6573

**Airfare Reimbursement Form**

Date \_\_\_\_\_

Name \_\_\_\_\_ SOU ID No. \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Employee Category:  Academic  Classified  
 Unclassified Administrator  Other

Purpose of trip \_\_\_\_\_

Departure date \_\_\_\_\_ Destination \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Required: if not set up for Direct Deposit)

Reimbursement amount \$ \_\_\_\_\_ (Note: Attach airline ticket receipt that reflects total price.)

**Certification:**

I certify that this claim is true and correct and that no part has heretofore been claimed from any other source.

Traveler's signature \_\_\_\_\_

|   |  |                     |                        |                    |
|---|--|---------------------|------------------------|--------------------|
| _____<br>Supervisor/Account Authority Signature | _____<br>Supervisor/Account Authority Printed Name | _____<br>Index Code | _____<br>Activity Code | \$ _____<br>Amount |
| _____<br>Supervisor/Account Authority Signature | _____<br>Supervisor/Account Authority Printed Name | _____<br>Index Code | _____<br>Activity Code | \$ _____<br>Amount |

Foreign Travel Authorization  
Academic Affairs = Provost  
All Other Divisions = VP for Finance & Administration