

## BUSINESS SERVICES – TRAVEL

1250 Siskiyou Blvd, Ashland, Oregon 97520  
 T 541-552-6594 | F 541-552-6573

### TRAVEL EXPENSE REIMBURSEMENT FORM

Name: \_\_\_\_\_ SOU ID # \_\_\_\_\_ Date: \_\_\_\_\_  
 Title/Dept: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_  
 Employee Category: Faculty Staff Student Other: \_\_\_\_\_  
(PLEASE SPECIFY)

**HELP SOU REDUCE EXPENSES BY COMPLETING THE DIRECT DEPOSIT FORM, IF YOU HAVEN'T ALREADY COMPLETED ONE**  
 Reimbursements will be mailed unless you have been set up for Direct Deposit.

If check is to be mailed please verify address: \_\_\_\_\_

Are others traveling to the same event? \_\_\_\_ In the same vehicle? \_\_\_\_ Names: \_\_\_\_\_

Advance check required? Note: Advance checks are only available for students, athletic team travel, and non-employees.  
**SOU Employees have the option to sign up for the SOU Corporate Travel Card.**

### TRIP ITINERARY

### EXPENSES

Date	Depart From	Destination	Time of:		Meals	Lodging	Total
			Departure	Arrival			
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

STATE CAR: Yes No

PRIVATE CAR: (mileage rates effective ( \_\_\_\_\_ )  
 Under 100 Miles: \_\_\_\_\_ miles @ \$ \_\_\_\_\_ /mile = \_\_\_\_\_  
 Over 100 Miles: \_\_\_\_\_ miles @ \$ \_\_\_\_\_ /mile + \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day (Total not to exceed \$ \_\_\_\_\_ per mile rate) = \$ \_\_\_\_\_  
(Note: Deer Creek Ranch, and Crater Lake National Park, are exempt from the "Over 100 Miles" rule. Use the "Under 100 Miles" rule (effective 1/1/2010).

Airfare: Was it claimed separately? Yes No Include amount here if not claimed separately: \$ \_\_\_\_\_

Shuttle/Taxi Service: \$ \_\_\_\_\_  
 Parking: \$ \_\_\_\_\_  
 Registration Fees: \$ \_\_\_\_\_  
 Car Rental: \$ \_\_\_\_\_  
 Other (describe): \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

Index Code to be charged: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Index code to be charged: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_

Supervisor (print name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foreign Travel Authorization (print name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this claim is true and correct and that no part has heretofore been claimed from any other source. I authorize SOU to deduct from my payroll check any portion of this travel advance for which I have not provided an accounting. I understand that advanced monies must be used solely for reimbursable travel expenses and that any use of this advance for any purpose other than reimbursable travel expenses will affect my ability to receive future advances.

I certify that I have motor vehicle insurance at a level equal to or exceeding \$ \_\_\_\_\_ for a single person; \$ \_\_\_\_\_ single occurrence for public liability; and \$ \_\_\_\_\_ for property damage, if I drive a privately owned vehicle. I understand that all persons who will be driving a vehicle on official state business must be certified through the Service Center. I further certify that I have a valid Oregon driver's license; I have not been convicted of a major traffic offence as defined in ORS 484-101, or a moving vehicle violation within the past 3 years (please list and violations on a separate sheet and attach); I do not have any physical defects that would impair my ability to safely operate a vehicle. If my vehicle or any of my actions do not conform to the SOU Vehicle Policy under OAR 580-40-030, I hereby waive any and all liability which may accrue to Southern Oregon University, or the Oregon State Board of Higher Education.