

Oregon Council of Teachers of Mathematics

General Travel Expense Form

Use this form to request either full payment or as an advance of funds. Reimbursement is made for actual travel and living expenses. Personal expenses are not covered.

Name: _____ Date: _____
 Address: _____
 City: _____ State: OR Zip: _____

Purpose of Travel or Expense:

Travel: plane train bus taxi rental car (attach receipts)

Private Car:

Date of Travel	Destination From __ to __ Mileage	Total
		@ \$0.55
		@ \$0.55
		@ \$0.55

Meals and lodging

Number of breakfasts @ 7.50 (maximum)

Number of lunches @ 7.50 (maximum)

Number of dinners @15.00 (maximum)

Number of nights lodging @60.00 (maximum)
 (Include receipts)

Other expenses...itemize (Please include receipts.)

Total amount requested....

We ask that you supply receipts for any expense over \$20 for which you seek reimbursement. Photocopies are acceptable. Unusual circumstances cannot be covered by any set of regulations. If you provide a detailed explanation we shall try to accommodate you within the limits of reason, common sense and timeliness.

Signature of Claimant:

-----FOR TREASURER'S USE ONLY

Amount Paid

Check Number

Date Paid