Northwestern Oklahoma State University Alva – Enid - Woodward

# APPLICATION FOR TRAVEL REIMBURSEMENT

## *Part I Trip Information*

Name: _____; Home Address: _____

SSN: XXX-XX- _____; Vehicle: _____ School or _____ Private; License Plate#: _____
*Claim cannot be processed without license plate number of school/private vehicle taken.*

Purpose of Trip: _____

Dates of Actual Meeting(s): from _____, 20 _____ to _____, 20 _____

Meeting Times: from _____ AM or PM to _____ AM or PM *(Always attach agenda/brochure/flyer)*

City and State: _____; Dept. Limit: $ _____

Travel Status Began on: _____, 20 _____ Hour: _____ AM or PM

Travel Status Ended on: _____, 20 _____ Hour: _____ AM or PM

## *Part II Expenses (Do not claim any item paid by University Purchasing Office)*

$ _____** **Total cost of MEALS**. Back of form (or page 2) must be completed: *List each meal on a separate line, showing date, which meal, eating establishment (e.g.: Subway), whether a receipt is attached, and ACTUAL cost. Per Diem for meals will be considered according to hours: 1-3 hrs 0 meals, 4-8 hrs 1 meal, 9-14 hrs 2 meals, and 15+ hrs 3 meals.*

$ _____* **Total cost of LODGING.** *Maximum varies by city. Receipt must show zero balance and number of persons in room. Reimbursement limited to single room rate. Ask clerk to list single room rate and sign receipt.*

Was Hotel/Motel a DESIGNATED Meeting Place for Conference? ____Yes** or ____No

$ _____**Registration fee.** *Per Diem maximum will be reduced for meals provided with registration.*

$ _____* **Toll Road Charges.**

$ _____* **Parking Charges.** $ _____* **Other (describe):** _____

* For these items, receipts must be attached. **These must be supported by copy of conference agenda/brochure/flyer.

## *Part III Mileage Reimbursement*

*Complete only if approved by Administration for reimbursement of mileage. The Shorter Distance Rule must be applied. Please attach a separate sheet with all addresses if travel required multiple stops.*

From _____ to _____ and Return.

Odometer reading: Beginning (Address, City, State) _____ Ending (Address, City, State) _____

Total miles: _____ @ $0.76 per mile = $ _____ *(Last rate change 11-11-2026)*

(Mileage reimbursement rate usually changes each January 1, as declared by the federal government—call 327-8143 for more information.)

**TOTAL AMOUNT CLAIMED:** $_____ **Notes:** _____

**SIGNATURE:** *X*_____ **TODAY'S DATE:** _____

## *For Office Use Only*

| *Amount Approved* | *Notes* | *Funding* |
|---|---|---|
| | | |

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**TRAVEL MEALS REIMBURSEMENT** (page 2)

Number of meals included in Registration: _____ (Continental breakfasts and snacks are not "meals.")
**Itemized Receipt** required for any meal costing $25 or more.

| Date | Meal and Incidental Expense Item (e.g.: lunch/dinner/breakfast) | Eating Establishment | Receipt Submitted? Yes | No | Amount |
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A. My Total: $ _____

B. Maximum Allowed per State Regulations: $ _____

Amount Claimed (lesser of A or B): $ _____

**Claimant Signature:** *X*_____ **Today's Date:** _____

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