Banner Document #

For Travel Office use only

Eastern Oregon University
Travel Reimbursement Request

Effective as of August 1, 2008

NAME	
G# (Required)	
TITLE	
DEPARTMENT	
DATE	

Please indicate how you would like to receive your check
☐ **Direct Deposit**
☐ **Mail Check**
☐ **Check To Cashier**

DEPARTURE	
TIME:	

Format X:XX AM / PM

RETURN DATE:	
TIME:	

Format X:XX AM or PM

		PRIVATE VEHICLE			DIEM				
DATE	**ITINERARY**	**MILES**	**PER MILE**	**TOTAL**	**BREAK**	**LUNCH**	**DINNER**	**LODGING**	**TOTAL**
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
		0	$0.585	$0.000					$0.000
	MILEAGE TOTAL	0	$0.585	$0.000				**SUBTOTAL**	$0.000
DATE	**OTHER**								
L									$0.000
Travel									
TOTAL									$0.00

Index	**Account Code**	**Activity Code**	**Payment Amount**	**Notes:**

Purpose Of Travel (Required on all travel reimbursement requests.):	

I certify

Claimant's Signature	**Dept. Head or Dean's Signature**	**Cabinet Level Signature**	**Business Office Audit**

Version 4-Update 11/19/08