STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET

1. Name of Employee	2. Agency	3. Period (Month and Year)
4. Official Station	5. Division, Work Unit, Cost Center	6. Regular Schedule Work Shift 8am-5pm Other to

7. Unrepresented ☐ Management Service ☐ Executive Service ☐ Board/Commission ☐ Volunteer ☐
Bargaining Unit Name ☐ _____ Other ☐ _____

Mailing Address:

8. Date	9. Time of Departure	10. Time of Arrival	11. Description	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement Breakfast	Lunch	Dinner	13. Lodging	14. **Total** Meals and Lodging
			15. **Totals**						

16. **(Office Use Only)** PCA	OBJ	Amount	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20 Rate Per Mile	21. Private Car Miles	22. Amount
						0.405		
						0.405		
						0.405		
						0.405		
						0.405		
						0.405		
						0.405		
						0.405		
	Totals					**23. Section Total**		

24. I **did/will**_____ **did not/will not** _____ accept travel awards as a result of, or associated with this state business trip.

Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to , airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)	26. Grand Total Amount
	27. Travel Advance Amount
	28. Amount Due Employee/State
	29. Received Training Conducted Training

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee	31. Title Date
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	32. Approved By	33. Title Date