# ATTACHMENT A

# Oregon Executive Development Institute Travel Expense Form

| 1. Name of Board Member or Claimant | 2. Agency/Organization | 3. Period (Month and Year) |
|---|---|---|
| | | |

| 4. Date | 5. Time of Departure | 6. Time of Arrival | 7. Description | 8. Per Diem/ Hourly Allowance | Individual Meal Reimbursement Breakfast | Lunch | Dinner | 9. Lodging | 10. **Total** Meals and Lodging |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | 11. **Totals** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **$0.00** |

| | | | 12. Date | 13. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses | 14. Training Related? | 15. Rate Per Mile | 16. Private Car Miles | 17. Amount |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | **18. Section Total** | | |

| 19. REASON FOR TRAVEL: (Be specific.) | 20. Grand Total Amount **$0.00** |
|---|---|
| | 21. Travel Advance Amount **$0.00** |
| | 22. Amount Due Board Member or Claimant **$0.00** |

| | | |
|---|---|---|
| I certify that all reimbursements claimed reflect actual required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source. | 23. Signature of Board | 24. Title Date |
| I certify that the above claimed expenses are authorized expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure. | 25. Approved By | 26. Title Date |