

## TRAVEL REIMBURSEMENT REQUEST for Non-PSU Employee ONLY \*Travel Reimbursement request due to UFS no later than 60 days following the last date of travel\*

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Name Address				Ouastis	-2							
PSU ID				Question? Please contact travel@pdx.edu								
Number						•						
E-mail Phone				Contact Name				Contact Phone No.				
Date Mm/dd/yy	Departure/ arrival time	Itine	rary	Miles	\$0.65.5 Amt	Per Diem	Brkfst	Lunch	Dinner	Lodging	TOTAL	
					1							
Sub-Total												
Date		OTHER EXPEN	ISES: Transp	ortation far	es, registrat	ion fees,	telephon	e calls, et	tc.		Amount	
					Travel /	Advance	: Yes	□ No	☐ Sub	o-Total:		
					Travel	Advance	: Yes	_ No	Sub	o-Total:		
Index	Code	Account Code	Activ	ity Code		Advance			GRAND 1	OTAL:	t Amount	
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Print Name & Title - REQUIRED

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