Oregon Coast Community College
Travel Expense Reimbursement Request

Dept or Grant:	
Dept # or Grant #	

Traveler:	
Travel Purpose:	
Full GSA Rate:	.70
Reduced GSA Rate:	0.21

Mileage (see tables)

Date	Travel Destination	Business Miles	Rate	Total
			.7	0.00
			.7	0.00
			.7	0.00
			.7	0.00
			.7	0.00
			.7	0.00
			.7	0.00
			.7	0.00
		Commuting Miles	Rate	Total
	LESS - Commuting Miles		.7	0.00

Meals & Incidentals Per Diem Only (see tables)

					Individual Meal Per Diem			
Date	Departure Time	Arrival Time	Description	Full Day Per Diem	Breakfast 25%	Lunch 25%	Dinner 50%	Total
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00

Other Travel-Related Expenses (ex. actual meals when applicable per policy, parking, taxis, etc. -- attach itemized receipts)

Date	Description	Amount

Employee Address							
Street						SUBTOTAL:	0.00
PO Box						LESS ADVANCE:	0
City		State		Zip		TOTAL DUE TO EMPLOYEE:	0.00

I certify that all travel was conducted in the most economical manner possible and that the reimbursements claimed reflect the actual time or expense incurred and that no part has been previously claimed or will be claimed from any other source.

Employee Signature:		Date:	
Supervisor's Signature:		Date:	
Business Office Signature:		Date:	
President's Signature:		Date:	