

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*

		1										
Name												
Address				Question? Please contact travel@pdx.edu								
PSU ID Number				Please co	ontact tra	vel@p	dx.edu					
E-mail				Contact Name					Contact Phone No.			
Phone				Contact Hame				Goridat i Hollo No.				
Date Mm/dd/yy			rary	Miles	\$0.67 Amt	Per Diem	Brkfst	Lunch	Dinner	Lodging	TOTAL	
D-1-	Date OTHER EXPENSES: Transportation fares, registration fees, telephone calls, etc. Amount											
Date		OTHER EXPEN	ISES: Trans	portation fare	es, registra	ion tees,	telephon	e calls, e	tc.		Amount	
					Travel /	Advance	: Yes [☐ No	☐ Sub	o-Total:		
									GRAND 1	TOTAL:		
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Print Name & Title - REQUIRED

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