

TRAVEL REIMBURSEMENT SUMMARY
Northeastern State University - Tahlequah, Oklahoma 74464-2300

Date _____ Account Number _____
 Name of Account _____
 Claimant's Name _____ Soc.Sec.No. _____
 Home Address _____

Is Claimant State Official or Employee **Yes** **No** Official Duty Station _____

Is Car Government Owned **Yes** **No** Vehicle License Tag Number _____

Nature of Business _____

Indicate point travel status began _____ Mileage Claimed: (at 0.50mile)
 each point visited _____ Map 0
 point travel status ended _____ Vicinity 0
 Indicate hour and date travel status: _____ Total Mileage 0
 Began at _____ on _____ Amount **\$0.00**
 Ended at _____ on _____

Public Transportation Modes(s) (Airfare) (Amtrack) Amount **\$0.00**

Meals and Incidental
 GSA rate \$46 unless CONUS is higher: (www.gsa.gov) Amount **\$0.00**
 CONUS rate \$66 in OK Co \$61 in Tulsa, Creek, Osage, Rogers

Lodging GSA rate \$70 unless CONUS is higher: (www.gsa.gov) Amount **\$0.00**
 CONUS rate \$84 in OK Co. \$81 in Tulsa, Creek, Osage, Rogers Co.

Itemized Local Transportation Cost:
 Rental Car Taxi Shuttle Amount **\$0.00**
 Itemized Miscellaneous Cost: Registration: Tolls \$0.00
 Telephone Parking Other Amount **\$0.00**
TOTAL AMOUNT CLAIMED **\$0.00**

All reimbursement to be claimed for this trip are included on this form: **Yes** **X No**

I, the undersigned, upon oath, do depose and say that I have full knowledge of the above foregoing account, that said account is just, correct, due and according to law, and that the amount claimed after allowing all just credits, in now due and wholly unpaid, and that I am duly authorized to make this affidavit, so help me God. I also upon oath say these expenses were incurred by me while performing an official University function and that a false application for reimbursement of travel expenses will be grounds for termination and criminal prosecution.

Revised 01/10

REMARKS

 Date Claimant's Signature

RECEIPTS FOR: Lodging, airline fares, registration fee, use of leased or rented automobiles, toll road and parking fees MUST BE ATTACHED.

Payment is authorized:

 (Account Sponsor) Date Voucher prepared by: _____
 Ext. _____