

Southern Oregon University
Airfare Reimbursement Form

Date _____

Name _____ SOU ID No. _____

Title _____ Department _____

Employee Category: Academic Unclassified Admin. SEIU Other _____

Purpose of trip _____

Departure date _____ Destination _____

Mailing address required _____

Reimbursement amount \$ _____ Note: Attach airline ticket receipt that indicates total price.

I certify that this claim is true and correct and that no part has heretofore been claimed from any other source.

Traveler's signature _____

Supervisor/Account Authority Signature Index: _____ Activity: _____ \$ _____

Supervisor/Account Authority Signature Index: _____ Activity: _____ \$ _____

Supervisor/Account Authority Signature Index: _____ Activity: _____ \$ _____

Foreign Travel Authorization