

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