

SOUTHERN OREGON UNIVERSITY TRAVEL EXPENSE REPORT

Name _____ SOU ID Number _____ Date _____

Title/Dept. _____ Purpose of Trip _____

Employee Category: Academic Unclassified Admin. SEIU Other _____
(PLEASE SPECIFY)

Mailing Address Required _____

Are others traveling to the same event? _____ In the same vehicle? _____ Names _____

Advance check required? (Available to students and non employees only.) Yes No

TRIP ITINERARY					EXPENSES		
Date	Depart From	Destination	Time of Depart	Time of Arrival	Meals	Lodging	Total

METHOD OF TRAVEL & OTHER EXPENSES

STATE CAR: Yes No

PRIVATE CAR: (mileage rates effective 1/1/2009)

Under 100 Miles: _____ Miles @ 55 ¢ = \$ _____

Over 100 Miles: _____ Miles @ 18.5 ¢ + _____ Day(s) @ \$32.00 per day = \$ _____ Total not to exceed 55¢/mile rate.

Note: Travel to Deer Creek Ranch and Crater Lake National Park exempt from the "Over 100 Miles" rule. Use the "Under 100 Miles" rule instead (effective 7/1/08).

AIRFARE: Was it claimed separately? Yes No \$ _____

REGISTRATION FEE(S): \$ _____ ATM Fee(S): \$ _____

MISC. EXPENSES: \$ _____

TOTAL EXPENSES: \$ _____

I certify that this claim is true and correct and that no part has heretofore been claimed from any other source. I authorize SOU to deduct from my payroll check any portion of this travel advance for which I have not provided an accounting. I understand that advanced monies must be used solely for reimbursable travel expenses and that any use of this advance for any purpose other than reimbursable travel expenses may affect my ability to receive future advances.

Traveler's Signature _____

AUTHORIZATION AND ACCOUNTING

 Super./Acct. Authority Signature Index _____ Activity _____ \$ _____

 Printed Name

 Super./Acct. Authority Signature Index _____ Activity _____ \$ _____

 Printed Name

 Super./Acct. Authority Signature Index _____ Activity _____ \$ _____

 Printed Name

 Foreign Travel Authorization

**TOTAL AUTHORIZED
TO BE REIMBURSED \$ _____**

I certify that I have motor vehicle insurance at a level equal to or exceeding \$25,000 for a single person; \$50,000 single occurrence for public liability; and \$10,000 for property damage if I drive a privately owned vehicle. I understand that all persons who will be driving any vehicle on official state business must be certified through the Physical Plant Department. I further certify that I have a valid Oregon driver's license; I have not been convicted of a major traffic offense as defined in ORS 484-010 or a moving vehicle violation within the past 3 years (please list any violations on a separate sheet and attach); I do not have physical defects that would impair my ability to safely operate a vehicle. If my vehicle or any of my actions do not conform to the SOU Vehicle Policy under OAR 580-40-030, I hereby waive any and all liability which may accrue to the State Board of Higher Education.