



Travel Certificate

Inbound-Outbound Transportation Reimbursement Request

Submit this form along with copies of your original receipts for expenses over \$75 within seven working days of arrival at your destination. Reimbursement will be electronically deposited to the bank account in our records.

Inbound Travel (*TO the Host DOE Laboratory*)

Outbound Travel (*FROM the Host DOE Laboratory*)

First Name:

Last Name:

Travel was to/from the DOE Host Laboratory and:

Home Institution

Other:

Departure City:

State:

Date:

Arrival City:

State:

Date:

Requesting reimbursement for:

(Check all that apply, and enter corresponding amounts requested for reimbursement.)

Airfare

Baggage Fees

Bus Fare

Train Fare

Taxi/Shuttle

Private Car One-Way Mileage*

Other

Item

Amount

*If you do not have the odometer readings, you may use an internet travel website, such as [Rand McNally](#), to calculate mileage.

Total Requested for Reimbursement:

By signing below, I certify that this statement is correct and just and that payment or credit has not been received from any source other than ORISE.

Signature

Date

Return Form By Email: DOE-SCGSR@orau.org Or By Fax: (865) 576-4197

FOR ORISE USE ONLY

Rand McNally + 10%

Account.Task

Supplier

Amount to be paid

Program Approver

Program Approver Signature

Date



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SCIENCE AND EDUCATION**
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