

**ORAU/ORISE TRAVEL EXPENSE STATEMENT**

**TRIP #:** \_\_\_\_\_

Traveler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Check this box if a U.S. carrier was used.

Destination #1: _____	Start Date: _____	End Date: _____	Amount
Lodging Rate: _____	Tax: _____	# of Nights: _____	Total Lodging: _____
Per Diem Rate: _____		# of Days: _____	Total Per Diem: _____

Destination #2: _____	Start Date: _____	End Date: _____	Amount
Lodging Rate: _____	Tax: _____	# of Nights: _____	Total Lodging: _____
Per Diem Rate: _____		# of Days: _____	Total Per Diem: _____

Item	Description	Amount
Rental Vehicle Expense:		
Rental Vehicle Gasoline:		
RT Mileage to/from Destination:	X 0.375	
Intracity Mileage:	X 0.375	
RT Mileage to/from Airport:	X 0.375	
Airport Parking:		
Hotel Parking:		
Telephone Personal:		
Telephone Business:		
ATM Expense:		
Ground Transportation:		
Other Expenses 1:		
Other Expenses 2:		
Other Expenses 3:		
Registration Fee:		
Airfare:		
<b>TOTAL:</b>		

<b>ORAU/ORISE use only</b>	Less airfare paid by ORAU:	
	Less hotel deposit paid by ORAU:	
	Less registration paid by ORAU:	
	Amount due to/from Traveler:	
Project/Task:		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify that the travel expenses for this trip are correct and that I am not being reimbursed from any other source.*

Signature of Traveler: \_\_\_\_\_ Date: \_\_\_\_\_