



PORTLAND STATE UNIVERSITY

American Association of University Professors

Promoting Quality Higher Education – An Investment in Oregon’s Future

Member Travel Expense Reimbursement Form 2017

Name: _____

Event: _____ Date: _____

| Description | Amount | Total | Allocation Category |
|---|--------|-------|---------------------|
| Travel: | | | |
| Plane Fare | | | |
| Ground Transport | | | |
| Hotel | | | |
| Car Rental | | | |
| Gas | | | |
| Personal Car (\$.535/mile)* *2017 IRS.gov | | | |
| Meals | | | |
| Breakfast | | | |
| Lunch | | | |
| Dinner | | | |
| Incidental expenses | | | |
| Other Expenses: | | | |
| | | | |
| | | | |
| Total Reimbursement Due: | | \$ | |

Signature: _____ Date: _____

Authorized by: _____ Date: _____

Please attach original receipts (Tape small receipts face up on 8 ½ x 11 sheet). Thank you!