



OREGON DEPARTMENT OF FISH & WILDLIFE



Travel & Expense Detail Sheet

Employee ID Number VOLUNTEER	Reason for Travel Hunter Education -	Claim Period (Month & Year)
Name & Mailing Address of Employee 		Note: To assure prompt payment, please complete form fully & attach all necessary receipts & paperwork (including: Out of State travel form(s) and/or Authorization to Use Private Vehicle form(s), if appropriate).
Official Work Station	Reg. Work Shift	

Accounts Payable Use Only

Audited By: _____ \$ _____

Do you have an outstanding Travel Advance? Yes No

Were any meal(s) provided during your trip? Yes No

If yes, please indicate what meal(s) were provided on what day(s): _____

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	Signature of Employee Sign & Date: _____ Print Name: _____	Work Title HE Volunteer Instructor	Phone Number _____
I certify that the claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	Approved By Sign & Date: _____ Print Name: _____	Work Title _____	Phone Number _____

Date	Departure Time	Traveling From	Traveling To	Return Time	Mileage Rate	Transport Miles	Transport Amount	Meal Rate	Meal %	Meal Amount	Lodging Amount	Total Claimed	Index	Grant	PH
					\$ 0.670		\$ -			\$ -		\$ -	03310	115001	36
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Total Mileage, Meals, & Lodging:							\$ -			\$ -	\$ -	\$ -			

Miscellaneous Items	Amount	Index	Grant	PH
Description				
		03310	115001	36
Total Expense Claim \$ _____ -				

Receipts must be attached, exceptions noted in OAM 40.10.00, section 134 & 135.

COST DISTRIBUTION (Accounts Payable Use Only)						
Date	Index	PCA	Object Code	Amount	Grant	PH
Total Expenses						