TRAVEL REIMBURSEMENT CLAIM

Traveler's Name	**Travel Order #:**	**Date of Submission:**

Type of Travel Voucher (Mark the one that applies): _____ Domestic Travel _____ Foreign Travel _____ Local Travel

Place of Starting/Ending trip: Did you depart for this trip from Home _____ or Work: _____
Did you return from this trip to Home _____ or Work: _____

Transportation Information & Cost: Airfare/Train Cost: _____ (include Omega's fee)

If you deviated from the printed Omega Travel Itinerary, please provide the following information and a ticket stub from your revised airline tickets.

Day/Time of Actual Departure: _____ Actual Return: _____

If you drove POV to/from airport, what was the R/T Mileage: _____
Cost of cab/shuttle/train from work/home to airport: _____
Cost of cab/shuttle/train to hotel from airport: _____
Cost of cab/shuttle/train to airport from hotel: _____
Cost of cab/shuttle/train from airport to work/home: _____

Hotel Costs:
Number of nights of hotel to be reimbursed: _____ Did you request hotel tax exemption? _____ Yes _____ No

Hotel costs per night (For foreign hotels, include taxes in this amount): _____

Hotel Taxes per night (for domestic travel): _____

Registration Fees:
Cost of Registration fees that you paid: _____ Was this fee previously reimbursed? _____ Yes _____ No
Identify # of meals provided by sponsor or included in the Registration Fee: _____ Breakfast _____ Lunch _____ Dinner

Incidental & Miscellaneous Expenses:

Cost of Personal Phone calls: _____
Cost of Business Phone calls: _____
Cost of Conversion rate fees (foreign only):_____
Cost of total ATM fees:_____
How much did you take as a cash advance from your travel card: _____

Date & cost of add. transportation while on travel: _____
Date & cost of add. transportation while on travel: _____
Date & cost of add. transportation while on travel: _____

Other Miscellaneous Expenses requested for reimbursement (include any tolls& parking fees in this section):
Description: _____ Date: _____ Amt: _____
Description: _____ Date: _____ Amt: _____
Description: _____ Date: _____ Amt: _____
Description: _____ Date: _____ Amt: _____

For Local Travel Only (Be specific about location, i.e. "Washington D.C." will not suffice)**:**
Purpose/Title of Meeting(s):_____
Date: _____ Location:_____ Amt of Metro/POV miles _____ Parking/Tolls _____
Date: _____ Location:_____ Amt of Metro/POV miles _____ Parking/Tolls _____
Date: _____ Location:_____ Amt of Metro/POV miles _____ Parking/Tolls _____
Date: _____ Location:_____ Amt of Metro/POV miles _____ Parking/Tolls _____
Date: _____ Location:_____ Amt of Metro/POV miles _____ Parking/Tolls _____

Traveler's Signature: _____ Date: _____