

# #10 Envelope

Name: \_\_\_\_\_ OSU ID: \_\_\_\_\_ Departure Date/Time: \_\_\_\_\_  
 Destination: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_  
 Business Purpose: \_\_\_\_\_  
 To Be Reimbursed:

Date:	Breakfast	Lunch	Dinner	Hotel	Other:
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Attach All Receipts, as Appropriate:

- Airfare  Taxi/Shuttle  Car Rental  Gas  Tolls  Parking  Personal Vehicle  Mileage: \_\_\_\_\_
- Conference Registration  Faxes  Supplies  Hosting  Lodging  Phone
- Other: \_\_\_\_\_

A9 Envelope 5-3/4" x 8-3/4" holds 8-1/2" x 11" sheet folded in half

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Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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