

## **General information on travel to Oil Spill Recovery Institute Advisory Board meetings**

All Board members are eligible for reimbursement of travel and lodging costs to attend Advisory Board meetings.

Attached to this is our Reimbursement form. We try to send your reimbursement out within 10 days of receiving it.

### Airline ticket arrangements

You may make your own airline reservations, purchase the ticket and request reimbursement, OR

Linee Bradford or Shelley Grant will be glad to purchase the ticket for you and send you a ticketless code number. Please call or e-mail us your preferred schedule, preferred seat, full name, birthdate and airline mileage number. ([sgrant@pwssc.org](mailto:sgrant@pwssc.org) or [lbradford@pwssc.org](mailto:lbradford@pwssc.org) )

EVERYONE – whichever way your ticket is purchased, please give us a copy of your ticket and/or the ticket receipt for our files. We must have a receipt for the auditors. Thanks!

### Hotel / Lodging arrangements

When Board meetings are in Cordova, we make hotel or lodging reservations for all out-of-town members. We also arrange for the bill to be sent directly to our office so you don't have to request reimbursement for this expense.

When Board meetings are held elsewhere, we'll check on the options and ask you for your preference for lodging. Generally, we try to pay for the rooms as a group, mostly for your convenience.

### Food and other expenses

Reimbursement is made based on either the federal per diem rate minus any meals that may have been provided. Other expenses such as taxis, car parking fees or mileage will also be reimbursed on request. Receipts for expenses under \$25 are not mandatory, but the auditors do like them!

Prince William Sound  
**Oil Spill Recovery Institute**

P.O. Box 705 – Cordova, AK 99574  
(907) 424-5800; fax 424-5820 – E-mail: [pwscc@pwscc.org](mailto:pwscc@pwscc.org)

**Travel Reimbursement Form**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Purpose of travel:**

From: \_\_\_\_\_

To: \_\_\_\_\_

**Dates and times of travel (times are needed if claiming per diem):**

**Please attach the original travel receipts** (the back cover of the airline ticket or other proof of travel, hotel and other receipts required for all items over \$25):

**Please list all reimbursable expenses below** (continue on the back of this sheet, if necessary)

Airfare:

Hotel:

Meals that were not provided:

Other expenses (i.e., taxi, parking):

**TOTAL Reimbursement requested (not including per diem\*):** \_\_\_\_\_

*Please specify if you wish to receive per diem instead of being reimbursed for actual expenses.*

**For office use only:** Approved by \_\_\_\_\_

Date \_\_\_\_\_