Concur Reimbursement Request

Name   _____

Reason for Travel/Expense   _____

Date/Time of Departure (business travel)   _____

Date/Time of Return (business travel)   _____

Destination   _____

Personal Travel Days (list day/time begin/end)   _____

Mileage (address left from if not the one in Concur)   _____

Check One: Parked at Airport   Shuttle to Airport   Dropped Off   Rode with someone else claiming mileage

Expense Type	Travel Card	Personal Funds
Airfare		
Hotel (if designated provide documentation)		
Registration		
Taxi/Shuttle *(indicate number of times)		
Other Transportation *(what type)		
Parking		
Baggage		
Rental Car *(Justify Below)		
Tolls		
Gas		
Abstract		
Meals *(number of charges if travel card used)		
Other Expenses*		

Attach agenda (indicate if any meals were provided)

If no agenda then attach Informal Agenda form

Do you have expenses without a receipt? If so detail them here.

Any additional information (Explain any items that are starred above)

Funding Source from Travel Request:

Chartfield Spread:

Send completed form to AGSGMC@ou.edu