

OPEO Travel Expense Report

USPHS Commissioned Officer: Yes / No NDMS Team: _____
 Name of Traveler: John Doe SSN: 123-45-6789
 Dates of Travel - From: 9/15/07 To: 9/28/07 Email: J.Doe@HHS.GOV
 Mission Name: Katrina Response - ^{EHO} Mission Phone: 202-260-1287
 Mailing Address (no PO box): 5600 Fishers Ln Fax Number: 202-690-7377
Rockville MD 20857
 City State Zip

| | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
|---|-----------------------|---------------------|---------------------|---------------------------|---------------------|---------------------|---------------------|
| Deployment Location | 9/15 Baton Rouge | 9/16 Baton Rouge | 9/17 Baton Rouge | 9/18 New Orleans | 9/20 New Orleans | 9/21 New Orleans | 9/22 Jackson, MS |
| Commercial Transportation <i>if self-paid only</i> | | | | | | | |
| Booking Fee <i>if Self-paid Only</i> | | | | | | | |
| List Lodging <i>if Self-paid Only</i> | | | | | | | \$99.00 |
| Lodging Tax | | | | | | | \$12.50 |
| Rental Car: <i>Do not itemize</i> | | | | | | \$247.90 | |
| Taxi/Shuttle | \$27.00 to Airport | | | | | | |
| POV Mileage | | | | | | | |
| Personal Phone Calls <i>must have detailed receipts</i> | \$2.50 | | \$5.00 | | \$5.00 | | \$5.00 |
| Business Phone Calls <i>must have detailed receipts</i> | | | | | | | |
| Meals Provided to Traveler: (Breakfast/Lunch/Dinner/All/None) | None | Breakfast | Breakfast | Breakfast Lunch | Lunch | Lunch Dinner | None |
| Other Expenses Specify | | GAS \$18.90 | | GAS \$12.50 | Detergent \$4.50 | GAS \$19.10 | |
| Other Expenses Specify | | Maps \$6.50 | | Water Test Kit \$16.25 | Laundry \$10.00 | | |

OPEO Travel Expense Report

USPHS Commissioned Officer: Yes / No NDMS Team: _____
 Name of Traveler: John Doe SSN: 123-45-6789
 Dates of Travel - From: 9/15/05 To: 9/28/05 Email: J. Doe @ HHS.GOV
 Mission Name: Katrina Response - EHO Mission Phone: 202-260-1287
 Mailing Address (no PO box): 5600 Fisher LN Fax Number: 202-690-7377
Rockville MD 20857
 City State Zip

| | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
|---|------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Deployment Location | 9/22 Jackson, MS | 9/23 Ft. Walton, Beach | 9/24 Ft. Walton Beach | 9/25 Ft. Walton Beach | 9/26 Ft. Walton Beach | 9/27 Ft. Walton Beach | 9/28 Ft. Walton Beach |
| Commercial Transportation <i>if self-paid only</i> | | | | | | | |
| Booking Fee <i>if Self-paid Only</i> | | | | | | | |
| List Lodging <i>if Self-paid Only</i> | \$99.00 | | | | | | |
| Lodging Tax | \$12.50 | | | | | | |
| Rental Car: <i>Do not itemize</i> | | | | | | | \$310.90 |
| Taxi/Shuttle | | | | | | | \$28.50 |
| POV Mileage | | | | | | | |
| Personal Phone Calls <i>must have detailed receipts</i> | \$5.00 | | \$5.00 | | \$5.00 | | \$2.50 |
| Business Phone Calls <i>must have detailed receipts</i> | | | | | | | |
| Meals Provided to Traveler: (Breakfast/Lunch/Dinner/All/None) | None | Lunch Dinner | ALL | ALL | Breakfast Lunch | Breakfast | None |
| Other Expenses Specify | Coin Laundry \$6.50 | | CAS \$25.00 | Coin Laundry \$6.50 | | | CAS \$15.95 |
| Other Expenses Specify | | | | | | | |

Directions for Completing the OPEO Travel Expense Report

Please consult the *List of Allowable Reimbursements* and the *Traveler Frequently Asked Question Sheet* for detailed information on what expenses the traveler can claim reimbursement.

Mission Name: List the mission to which the traveler was assigned, or the traveler's team affiliation

E-mail: List the address in which traveler prefers to receive communications regarding voucher completion and submission.

Date: List the dates that the traveler was on deployment, preferably in chronological order.

Deployment Location: List the city, town or county where the traveler received lodging on that particular night

Commercial Transportation: List only Airfare, Amtrak, and Bus expenses incurred directly by the traveler. If travel costs were paid directly by OASPR on the centrally billed account then this section leave blank.

Booking Fee: List only the Travel Agent/Booking Fees incurred directly by the traveler. If the agent fees were paid by OASPR on the centrally billed account, then this section leave blank.

Lodging Expense: List only lodging expenses incurred directly by the traveler on any particular day. If the lodging costs were paid directly by OASPR on the centrally billed account, then this section leave blank.

Lodging Tax: List only lodging tax expense (Room Tax, Hotel Tax, and Tourism Tax) incurred directly by the traveler on any particular day. If the lodging tax costs were paid directly by OASPR on the centrally billed account then this section leave blank.

Rental Car: List only Rental Car Expenses incurred by the traveler. Do not itemize. List the final expense on the date in which the traveler incurred the cost.

If the traveler utilized multiple rental cars during the course of their deployment, list the amount on the dates in which the traveler returned the vehicles and incurred the costs.

Taxi/Shuttle: List only cab or shuttle expenses incurred traveling to and from the airport or while on TDY Travel.

POV Mileage: List mileage incurred by a traveler, their spouse or immediate family while utilizing a "personally owned vehicle" to transport the traveler to and from the airport or while on TDY Travel.

Meals Provided to Traveler: List only the meals provided to the traveler, at no cost to the traveler, by a government facility or government contracted facility.

Please do not list the cost of the meal.

Receipts are not necessary to claim Meal & Incidental reimbursement. The travelers will receive a standard rate based on their deployment location

If, For instance, a traveler received Breakfast and Dinner, at no cost. Then list “Breakfast” and “Dinner” on the form on the appropriate day.

If the traveler purchased all meals, at their own expense, for a particular day, they should list “None”.

If the traveler received all meals, at no cost, for a particular day, they should list “All”

The costs of each meal will be deducted from civilian travelers daily M&IE.

Commissioned Officers will receive the Proportional Meal rate for everyday in which either one or two meals were provided, at no cost, to the traveler.

Other Expenses: This could be any expense not specified above.

Typical other expenses listed in this section are: Airport Parking Expense, Gas for Rental Car, ATM Fees, Highway Tolls, Public Transit Expense, TDY Parking.

Non Typical expenses can also be listed on the form at this location. Non typical expenses could include the purchase of necessary tools or items to complete a mission, photocopying documents for a presentation or deployment related task. Travelers should provide a brief explanatory memo to justify any unusual or non typical travel/deployment expenditures.

Traveler should provided receipts for any Other Expenses

Common Mistakes which may delay voucher processing:

- Blurry or illegible handwriting
 - Incorrect costs amounts listed
 - Listing items in the wrong column
 - Failing to list items in which receipts were provided
 - Requesting reimbursement for costs above the allowed maximum
 - Request reimbursement for unapproved expenditures
 - Failure to include a receipt
- or-
- Failure to include a memo for any reimbursement request which is not accompanied by a receipt
 - Failure to include a memo explaining any unusual purchases