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Travel and Entertainment Log

catering, mile	eage (at current Sta	Disbursement Request te rate per mile, which as inal receipts unless per d	s of 1/10 is \$0.50), enter			
Payee:						
Description:						
Check one:	□Reimbursement for personal payment,		(OR)	☐ Direct payment to vendo		
Event Date	Business Name & City	Participants	Business Purpose	# of miles	Amount	
					\$	
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I hereby certify program of the funding source, payment of the	the foregoing claim for e University of Oregon or unless otherwise indica se expenses that may be	expenses is true and correct. the University of Oregon Foun ted herein. I agree to return t e made by any other funding s ch funds are issued in advanc	ndation and are not subject to to the Foundation, for credit to cource. I understand that I mu	payment by any o	other I, any	
Authorized Sig	gner		Date			

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