

**Reimbursement Request Form**  
**OXIDE Board Meeting 2016**

**Contact information**

Name: \_\_\_\_\_

Mailing address for reimbursement: \_\_\_\_\_  
\_\_\_\_\_

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

Email address: \_\_\_\_\_

**Summary of reimbursable expenses (as described in the [OXIDE Travel Policy](#)):**

Airfare: \$ \_\_\_\_\_ Ground transportation: \$ \_\_\_\_\_

Long-distance rail fare: \$ \_\_\_\_\_ Parking: \$ \_\_\_\_\_

Did you drive? Yes / No Non-OXIDE provided meals: \$ \_\_\_\_\_

*If yes, specify address  
of origin in the Notes line below.*

Notes: \_\_\_\_\_

Traveler's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reimbursement Procedure**

All reimbursements should be carried out according to the [OXIDE Travel Policy](#)

**Reimbursement Point-of-Contact:**

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