HCCP IN-STATE TRAVEL WORKSHEET

Date:_____

T#: *Lisa to fill in* _____

NAME_____

CAMPUS ADDRESS_____

STUDENT/TEACHER NAME _____

NAME OF THE SCHOOL_____

NAME OF THE TOWN_____

NATURE OF BUSINESS

_____

_____

CWID# _____

PHONE _____

STATE EMPLOYEE?	RESIDENCY TRIP?	OSU VEHICLE?
YES	YES	YES
NO	NO	NO

LICENSE TAG # _____   ACCOUNT # _____

LODGING_____

Each line should reflect a one-way trip. Please complete all areas of the chart and include a Google map showing each leg of the trip. Thank you.

EXAMPLE

LOCATION (leaving from/going to)	MONTH	DAY	MILEAGE	DEPART	ARRIVE	START OF MEETING	END OF MEETING	DEPART
Stillwater/Tulsa	10	02	64	8:00 am	9:30 am	9:30 am	12:00 pm	12:00 pm
Tulsa/Stillwater	10	02	64	12:00 pm	1:30 pm			

NOTE: There can be NO gaps in time. You may enter more than one trip on the same sheet.

LOCATION (leaving from/going to)	MONTH	DAY	MILEAGE	DEPART	ARRIVE	START OF MEETING	END OF MEETING	DEPART
		Total Mileage						