

# OSQR Travel Expense Report

Please print all information required on this form; attach all receipts (except meals), original hotel bill, and airline ticket receipt; and return to the OSQR within 10 days following your travel. If you have any questions, please contact OSQR at 301-504-3282.

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

Address \_\_\_\_\_  
(to which check will be mailed) \_\_\_\_\_

## DEPARTURE AND RETURN

Departed Home/Office (date): \_\_\_\_\_

Returned Home/Office (date): \_\_\_\_\_

## GROUND TRANSPORTATION

From Home/Office to Local Airport \$ \_\_\_\_\_ or \_\_\_\_\_ miles @ \_\_\_\_\_ ¢/mile \_\_\_\_\_ (for personal vehicle)

From Airport to Hotel \$ \_\_\_\_\_ Taxi, Metro, Shuttle, Other Public Transportation

From Hotel to Airport \$ \_\_\_\_\_ Taxi, Metro, Shuttle, Other Public Transportation

From Local Airport to Home/Office \$ \_\_\_\_\_ or \_\_\_\_\_ miles @ \_\_\_\_\_ /mile \_\_\_\_\_ (for personal vehicle)

Parking at Home Airport \$ \_\_\_\_\_ if \$ \_\_\_\_\_ or more, receipt is required

Tolls \$ \_\_\_\_\_

## HOTEL EXPENSES – Original Receipt Must Be Submitted

Total Room Charge \$ \_\_\_\_\_ Do not include any meal expenses  
(a *per diem* amount is provided for meals)

## OTHER EXPENSES

Item Description: \_\_\_\_\_ \$ \_\_\_\_\_

Item Description: \_\_\_\_\_ \$ \_\_\_\_\_

***For any expense that is \$ \_\_\_\_\_ or more, the original receipt must be submitted.***

**Public Burden Statement:** According to the Paperwork Reduction Act of 1995, an Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0518-0028. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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