



Oregon Program Autism Training Sites and Support

OrPATS TRAVEL REIMBURSEMENT POLICIES AND PROCEDURES

Follow the procedures below to request that your school district be reimbursed for travel expenses:

- ❶ Fill out the attached OrPATS Travel Reimbursement form
- ❷ Mail, Fax or Email form to Kathi Dehm at:

Attn: Kathi Dehm
STAR Autism Support
6663 SW Beaverton-Hillsdale Hwy #119
Portland, OR 97225
Fax: 503-292-4173
Email: kathi.dehm@starautismsupport.com

OrPATS Travel Reimbursement Policies:

- Participants must be traveling more than 50 miles from home to request travel reimbursement.
- All funds are reimbursed to the school district, not the individual traveling.
- Reimbursement requests must follow the districts policies for travel.



Oregon Program Autism Training Sites and Support

TRAVEL EXPENSE REQUEST FOR REIMBURSEMENT

Fax: 503-292-4173

Email: kathi.dehm@starautismsupport.com

Request for reimbursement must be submitted and approved in advance of workshop or training.

Billing Information

School District (this is who check will be issued to):

Address: _____

City: _____

State: _____

Zip: _____

Billing Contact (this is who check will be mailed to):

Phone: _____

Email: _____

Fax: _____

Workshop Details

OrPATS Training Location: _____

OrPATS Training Dates: _____

Expected Travel Reimbursement Cost for all participants listed below:

*Travel expenses should be calculated based on the school
district policies for travel.*

Mileage reimbursement funds requested: _____

Hotel reimbursement funds requested: _____

Meals reimbursement funds requested: _____

Total Request: _____

Participant Information

(please list the contact information for each participant)

Participant #1

Name: _____

Title: _____

School/Organization: _____

Email: _____

Participant #2

Name: _____

Title: _____

School/Organization: _____

Email: _____

Participant #3

Name: _____

Title: _____

School/Organization: _____

Email: _____

If necessary attach additional information