



TRAVEL REIMBURSEMENT EXPENSE FORM

NAME: _____

DATE: _____

ADDRESS TO MAIL REIMBURSEMENT TO: _____

ADDRESS LEFT FROM: _____

DATE LEFT: _____

TIME LEFT: _____

AM
 PM

DATE RETURNED ON: _____

TIME RETURNED: _____

AM
 PM

ARRIVED AT: _____

(Enter Place, City and address if available)

BUSINESS PURPOSE OF TRIP:

Quarterly TOC/OWA Meeting
 Other: _____

MEALS: PER DIEM RATES: Breakfast: \$6.00 Lunch \$7.00 Dinner \$17.00

Amounts:

check meal to be reimbursed for and enter date

BREAKFAST

_____ _____ _____

LUNCH

_____ _____ _____

DINNER

_____ _____ _____

MILEAGE: \$.315 per mile

ODOMETER

Beginning: _____ Ending: _____ \$ -

MAPQUEST

Attach or TOC office will complete Enter RT miles _____ \$ -

ODOT MILEAGE TABLE

Enter RT miles _____ \$ -

(mileage with a variance of more than 16miles RT from mapquest figures need to be explained or TOC office will modify request)

OTHER EXPENSES: _____

(please describe, attach receipts or other supporting documentation)

Less Advance: _____

Total: \$ -

I certify that this claim is true and correct; that no part thereof have been heretofore claimed or will be claimed from any other source.

Signature: _____

Date: _____

Finance Department Only:

Vendor #:	GL Description:	Account code:	Amount Due:
Invoice #:			
Invoice Date:			
Fund:	Grant		
Program Year:	PY08		
Check #:			
Date mailed:			
Total Due:			\$ -

Approval: _____

Date: _____