OHIO HI-POINT Career Center

TRAVEL REIMBURSEMENT FORM

This form is to be submitted to your Supervisor following the event to secure reimbursement and should be submitted no later than **sixty (60) days from the date of the first event**. Individuals should try to share a room whenever possible. The Board will reimburse approved travel at Board approved-IRS rate per mile. *Itemized* receipts are required for registration, parking, lodging, meals, and miscellaneous items. Please check Policy #3243 if you have questions.

MONTH and YEAR NAME

PROGRAM PO # Balance Close PO? Yes ◯ No ◯

Date	Destination	Purpose	Registration	Meals*	Hotel*	Misc*	Mileage

TOTAL REGISTRATION	$ 0.00
TOTAL MEALS*	$ 0.00
TOTAL HOTEL*	$ 0.00
TOTAL PARKING & MISC.	$ 0.00
PERSONAL VEHICLE MILES 0 @ $.58/mi	$ 0.00
TOTAL REIMBURSEMENT DUE	$ 0.00

STAFF MEMBER _____ Date

SUPERVISOR _____ Date

DIRECTOR _____ Date

SUPERINTENDENT _____ Date

REV. 8/1/19

***ITEMIZED RECEIPTS ARE REQUIRED**