educational service center of Central Ohio

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Monthly Travel Expense Report

Please fill out this form for reimbursement electronically, print the completed document, sign and submit to your supervisor. Use one line for each instance of travel and complete the information requested in detail. Departure and destination require specific location and/or address as well as the purpose for the travel. If you choose to print the form to fill it out, please make sure it is legible. Report must be submitted monthly.

For period of:			**Through:**		
Purchase Order #:			**Vendor #:**		
Date	**Departure: Name, Address**	**Destination: Name, Address**	**Actual Miles**	**Parking****	**Purpose** ***(Who, What, When)***
		Total Miles	0.0	$0.00	**Grand Total (Mileage and Parking)**
		X 54.5 Cents per mi	$0.00		$0.00

I hereby certify that the above work-incurred expenses are correct.

Print Name:	****Receipts must be attached.**	**Approved by:**
Staff Member Signature:	**Please Submit Monthly**	Administrator's Signature:
Date:		Date: