

OSTC Expense Reimbursement Request

I incurred the following expenses and request reimbursement as shown below. I have attached receipts for all (non-mileage) expenses.

ACTUAL EXPENSE INCURRED			FOR INTERNAL USE ONLY		
DATE	DESCRIPTION	AMOUNT (A)	RECEIPT?	ACCT #	APPROVED
MILEAGE REIMBURSEMENT REQUEST			FOR INTERNAL USE ONLY		
DATE	DESCRIPTION AND TOTAL MILES	AMT @ RATE		ACCT #	APPROVED
TOTAL EXPENSE REIMBURSEMENT REQUESTED (add column A)			AMOUNT PAID		

I warrant that all expenses are reimburseable under current organization policies.

Name _____

Signature _____

Date _____