The Ohio Staff Council Of Higher Education

Mission Statement: To serve as a collaborative body that fosters positive staff relations between institutions of higher education and state and local administrations.

2019-20 Quarterly Meeting Reimbursement Form ($300 max)

Institution Primary Representative:

Name (Please print or type): ____

Institution: ____

Address: ____

City: ________________________________ State: _______ Zip: _______-______

Telephone: ______________________ Email: _________________________________

Reimbursement check made payable to: ____

Expenses (Please Enclose Receipts)**:**

Team Building Activities	$_________
Professional Development Speaker(s)	$_________
Meals	$_________
Facility Accommodation	$_________
Miscellaneous (Please list)	
______________________________	$_________
______________________________	$_________
Total Expenses Accrued By Institution	**$_________**
Total Amount Requested By Institution	**$_________**

☐ REQUEST FOR WAIVER APPROVAL (if over OSCHE's budgeted amt.) ☐ REQUEST FOR PAYMENT

Request for approval of payment should be mailed to:

Columbus State Community College
c/o Michael Hicks
550 E. Spring Street
Columbus, OH 43215
Phone (614) 287-2883 Fax (614) 287-6026
Email: mhicks25@cscc.edu

For OSCHE Fiscal Agent Use Only (To be sent to Treasurer)

Date Request Received _____/______/________

Date Payment .Sent To Hosting Institution _____/_____/________

*Total Amt. Of Conference: $*_________________

Quarterly Meeting: Fall ☐ *Winter* ☐ *Spring* ☐

Amt. Requested: $ _____________

*Amt. Approved: $*_____________ *Amt. Denied: $* _____________