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| --- | --- |
| Ohio Staff Council of Higher Education  c/o Michael Hicks  Columbus State Community College  550 E. Spring Street  Columbus, OH 43215  Phone (614) 287-2883 Fax (614) 287-6026 | TRAVEL REIMBURSEMENT |
| Date: February 28, 2019 |

|  |
| --- |
| **Name:** |
| **Membership Institution:** |
| **Mailing Address:** |
| **Check made payable to:** |
| **Business/Travel purpose:** |
| **Travel Date(s):** |

**COMMERCIAL TRANSPORTATION**

**MILEAGE RATE @ $ .58 per mile**

**Travel Destination (From/To)**

**DATE MILES TOTAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FROM: | TO: |  |  |  |
| FROM: | TO: |  |  |  |
| FROM: | TO: |  |  |  |
| FROM: | TO: |  |  |  |
|  |  | **TOTAL REIMBURSEABLE** |  | **$** |

**APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Authorized Approver – OSCHE Officer)

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| Please submit completed travel reimbursement form with any receipts (if applicable)to:  **Ohio Staff Council of Higher Education**  c/o Michael Hicks  Columbus State Community College  550 E. Spring Street  Columbus, OH 43215  If you have any questions concerning this form, contact Michael Hicks, OSCHE Treasurer at (614) 287 – 2883 or [mhicks25@cscc.edu](mailto:mhicks25@cscc.edu). |
| Thank you! |