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

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| --- |
| **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 HicksColumbus State Community College 550 E. Spring StreetColumbus, OH 43215If you have any questions concerning this form, contact Michael Hicks, OSCHE Treasurer at (614) 287 – 2883 or mhicks25@cscc.edu.  |
| Thank you! |