



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: MARCH 6, 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 – OSCE Officer)

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, OSCE Treasurer at (614) 287 – 2883 or mhicks25@csc.edu.

Thank you!