

2025 Edison State Community College Request for Personal Reimbursement

Employee ID _____ Address _____ Date _____
 Name _____
 Signature _____ Phone # _____

MILEAGE IN A PRIVATELY OWNED VEHICLE

MILEAGE IN A PRIVATELY OWNED VEHICLE				Mileage rate	
Date	From <small>(Address or Business Name)</small>	To <small>(Address or Business Name)</small>	Reason for Trip <small>(please indicate if round trip)</small>	Total miles for trip	Total mileage cost

GL Number for Mileage _____ **TOTAL** _____

BUSINESS TRAVEL & MEALS

Date	Reason For Business Expense <small>Please include brief description of expenses including vendor name</small>	Travel Costs <small>Flights, lodging, tolls, parking, etc.</small>	Per Diem Rate or Meal Cost	Total

GL Number for Travel & Meals _____ **TOTAL** _____

OTHER EXPENDITURES

Date	Reason For Business Expense <small>Please include brief description of expenses including vendor name</small>	Account Number	Total

_____ **TOTAL** _____

Approval by Supervisor _____

Controller _____

Total Reimbursement

Expenses will be reimbursed in accordance with current college policy/procedure or grant guidelines if applicable. Itemized receipts must be attached to this form. Institutional sales tax exempt certificate should be used. Travel by privately owned automobile is authorized only if the owner thereof is insured under a policy of liability insurance complying with the requirements of Sections 4509.51 of the Revised Code.

Revised 1.3.2024

*****Attach additional sheets when necessary**