Adams County/Ohio Valley School District

MONTHLY TRAVEL REPORT

Vendor # _____ **P.O.**_____

Printed/Type Name: _____ **Month**_____,20_____

Employee Sig: _____ **A.C.#**_____

Building/Position:_____

Date	Destination-Explanation	Meals	Registration	Lodging	Other	Miles

Reimburse @.555 per mile x_____ miles = $_____

X _____

Immediate Supervisor

X _____

Business Manager

Registration $ _____

Lodging $ _____

Other $ _____

Mileage $ _____

REIMBURSEMENT TOTAL $ _____

NO REIMBURSEMENT for: entertainment, personal effects, alcohol, tobacco, meals.

Get a Purchase Order for your room. We are exempt from state sales tax only.

Refer to Board Policy if you have any questions.

ATTACH THIS FORM TO THE TOP OF REQUEST AND RESPONSE FORMS