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		Registration	Lodging	Other	Miles

Reimburse @ .54 per mile X _____ miles = $_____

X _____

Immediate Supervisor

X _____

Business Manager

	$
Registration	$
Lodging	$
Other	$
Mileage	$
REIMBURSEMENT TOTAL	$

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

Request Purchase Order for your room to get state sales tax exemption. Provide agenda for conferences.

Refer to Board Policy if you have any questions.

ATTACH THIS FORM TO THE TOP OF REQUEST AND RESPONSE FORMS

REVISED 1/5/2016