

Name:

## **Travel Expense Form**

173 W Lorain Street Oberlin, OH 44074 Email: accounting@ohio5.org

Date:

Complete this form to request reimbursement for necessary and reasonable mileage/travel expenses incurred while transacting the affairs of OH5. This form reflects the IRS mileage rate for travel beginning January 1, 2023. Submit the completed form and applicable receipts/documentation to accounting@ohio5.org within 30 days of the incurred expenses. Please list each trip/receipt on a separate line.

Address Line 1:		Email:							
Address Line 2:									
City:		State:	Zip:		2023 Mileage Reimbursement Rate (per mile):				
Date	Destination	Business Purpose	Personal Auto Mileage	Mileage Reimbursement	Airfare, Taxi, Bus, Train, Auto Rental	Lodging	Meals list each receipt on a separate line	Other: Enter amount here and explain below	Total
Totals						_			

Explanation of Other Expenses / Comments:

I certify that the expenses incurred are accurate and necessary for official OH5 business:

Traveler's Signature

Date