



173 W Lorain Street  
Oberlin, OH 44074  
Email: [accounting@ohio5.org](mailto:accounting@ohio5.org)

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, 2024. Submit the completed form and applicable receipts/documentation to [accounting@ohio5.org](mailto:accounting@ohio5.org) within 30 days of the incurred expenses. Please list each trip/receipt on a separate line.

Name:			Date:
Address Line 1:			Email:
Address Line 2:			
City:	State:	Zip:	2024 Mileage Reimbursement Rate (per mile):

[illegible]

Explanation of Other Expenses / Comments:

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

Traveler's Signature

Date \_\_\_\_\_