

Adams County/Ohio Valley School District

MONTHLY TRAVEL REPORT

Vendor # _____
 Printed/Type Name: _____
 Employee Sig: _____
 Building/Position: _____

P.O. _____
 Month _____, 20____
 A.C.# _____

Date	Destination-Explanation	Registration	Lodging	Other	Miles

Reimburse @54.5 per mile x _____ miles = \$ _____

X _____
 Immediate Supervisor
 X _____
 Superintendent

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