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 @.545 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