

# **2026 Edison State Community College Request for Personal Reimbursement**

Employee ID

Address \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

### Signature

Phone #

## MILEAGE IN A PRIVATELY OWNED VEHICLE

## GL Number for Mileage

## **TOTAL**

## **BUSINESS TRAVEL & MEALS**

Date	Reason For Business Expense Please include brief description of expenses including vendor name	Travel Costs Flights, lodging, tolls, parking, etc.	Per Diem Rate or Meal Cost	Total

## GL Number for Travel & Meals

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**TOTAL**

## OTHER EXPENDITURES

Date	Reason For Business Expense Please include brief description of expenses including vendor name	Account Number	Total

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**Approval by Supervisor**

## Total Reimbursement

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## Controller

Expenses will be reimbursed in accordance with current college policy/procedure or grant guidelines if applicable. Itemized receipts must be attached to this form. Institutional sales tax exempt certificate should be used. Travel by privately owned automobile is authorized only if the owner thereof is insured under a policy of liability insurance complying with the requirements of Sections 4509.51 of the Revised Code.

Revised 1.3.2024

**\*\*\*Attach additional sheets when necessary**