July - December 2026 Edison State Community College Request for Personal Reimbursement

Employee ID _____ Address _____ Date _____

Name _____ _____

Signature _____ Phone # _____

MILEAGE IN A PRIVATELY OWNED VEHICLE

Mileage rate	$ 0.760

Date	From (Address or Business Name)	To (Address or Business Name)	Reason for Trip (please indicate if round trip)	Total miles for trip	Total mileage cost

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
				$ 0.00
				$ 0.00
				$ 0.00

GL Number for Travel & Meals _____ **TOTAL** $ 0.00

OTHER EXPENDITURES

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

TOTAL $ 0.00

_____
Approval by Supervisor

Total Reimbursement $ 0.00

_____
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***

Forward completed form to purchasing coordinator with the business office or email to payables@edisonohio.edu