

# 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 @.58 per mile x \_\_\_\_\_ miles = \$ \_\_\_\_\_

X  
 \_\_\_\_\_  
 Immediate Supervisor  
 X  
 \_\_\_\_\_  
 Superintendent

Registration	\$	_____
Lodging	\$	_____
Other	\$	_____
Mileage	\$	_____
<b>REIMBURSEMENT TOTAL</b>	<b>\$</b>	<b>_____</b>

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**