THE OHIO STATE UNIVERSITY
LIMA CAMPUS
TRAVEL REIMBURSEMENT

NAME _____

EMPLOYEE I.D. # _____

DATE	DESTINATION	TIME	PURPOSE	MILEAGE

_____ _____
DATE TRAVELER

_____ _____
DATE DIRECTOR

I certify that the mileage expenses submitted are true to the best of my knowledge and that I have not been reimbursed or expect to be reimbursed for mileage associated with these trips except as shown above.

Signature: _____ Date: _____

Printed Name: _____