

OCIC 207 East Main Hominy, OK 74035-1511 Ph: 918-885-2667 Fax: 918-885-6742 www.ocic.k12.ok.us



Travel Reimbursement

Distric	istrict:				_ Job Title:			
Travel Date	s: DEPARTED		RETURNED					
 		Month/Da	•			Month/Day/Year		
	******PLEASE							
	Workshop Title:							
Location:								
TRAVEL EX	XPENSES:							
Date	Points of Travel		Act	tivity	Total Mileage	Total Mileage	TOTAL COST @ Current IRS Rate	
					Odometer or Map Miles			
	From				Begin/End		Rate	
TOTAL:								
Registration	Fees (If not prepaid b	oy OCIC) \$	Hotel \$)	Parking/Tolls \$			
Rental Car/Taxi/Bus Fees \$ Other \$				Г	TOTAL TRAVEL EXPENSES \$			
MEAL EXP	ENSES:							
ONLY REIN	MBURSED IF AN O	OVERNIGHT ST	ΓAY IS REQUIRI	ED: (Itemized	receipts must be sign	ed and attac	ehed)	
Date	/	//	//	//	//			
Breakfast					\$			
Lunch	\$	\$	\$	\$	\$			
Dinner	\$	\$	\$	\$	\$			
Daily Total	\$	\$	\$	\$	 \$			
•	AL EXPENSES:					\$		
TOTAL REIMBURSABLE EXPENSES:					\$			
	Emplo			Date				
		- 0						
	OCIC Approval					Date	Form #003 JT 08/02.0	