

Travel Expense Form - 2024

Complete this form to request reimbursement for necessary and reasonable mileage/travel expenses incurred while transacting the affairs of OH5. This form reflects the IRS mileage rate for travel beginning January 1, 2024. Submit the completed form and applicable receipts/documentation to accounting@ohio5.org within 30 days of the incurred expenses. Please list each trip/receipt on a separate line.

Name: _____ Date: _____

Address Line 1: _____ Email: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ 2024 Mileage Reimbursement Rate (per mile): _____

| Date | Destination | Business Purpose | Personal Auto Mileage | Mileage Reimbursement | Airfare, Taxi, Bus, Train, Auto Rental | Lodging | Meals list each receipt on a separate line | Other: Enter amount here and explain below | Total |
|---------------|-------------|------------------|-----------------------|-----------------------|--|---------|--|--|-------|
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| Totals | | | | | | | | | |

Explanation of Other Expenses / Comments:

I certify that the expenses incurred are accurate and necessary for official OH5 business:

Traveler's Signature

Date