

ROSS-PIKE COUNTY EDUCATIONAL SERVICE DISTRICT

475 Western Avenue, Suite E
Chillicothe, OH 45601
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Fax: 740-702-3123

P.O. Box 578
Piketon, OH 45661
Phone: 740-289-4171
Fax: 740-289-4542

PROFESSIONAL MEETING EXPENSE REPORT

NAME _____ VENDOR # _____

NAME OF MEETING/CONFERENCE _____

PLACE OF MEETING/CONFERENCE _____

DATE OF MEETING/CONFERENCE _____

REGISTRATION FEE	
MILEAGE @ CURRENT IRS RATE: _____ X IRS RATE	
FROM: _____ TO: _____ MILES	
FROM: _____ TO: _____ MILES	
MEALS (NOT TO EXCEED \$25 PER DAY) AS OF 10/23/17	
1 ST DAY	
2 ND DAY	
3 RD DAY	
4 TH DAY	
5 TH DAY	
LODGING	
OTHER EXPENSES/PARKING	
TOTAL COST:	

TRAVELER'S CERTIFICATE: I certify that the statements made hereon are true and that the mileage and expenses listed was incurred were in accordance with the bylaws and policies of the Educational Service Center and the provisions of the Ohio Revised Code.

SIGNED _____ DATE _____

APPROVED BY SUPERVISOR _____ DATE _____

APPROVED BY SUPERINTENDENT _____ DATE _____

(Please tape receipts on the back of this form – expenses of guests, tips or gratuities are not reimbursable)