

OHIO RETIRED TEACHERS ASSOCIATION TRAVEL/EXPENSE REIMBURSEMENT FORM



250 E. WILSON BRIDGE RD
SUITE 150
WORTHINGTON, OHIO 43085

USE ALL CODES THAT APPLY:

- 1 - STATE OFFICE 2 - LEGISLATION 3 - QUARTERLY 4 - BOARD MEETING 5 - EXECUTIVE COMMITTEE MEETING
6 - STATE COMMITTEE MEETING 7 - CHAPTER MEETING 8 - AREA OR DISTRICT CONFERENCE 9 - SEMINAR/CONVENTION
10 - DISTRICT PRESIDENT MEETING 11 - OTHER/MISC.

CODE	DATE	DESCRIPTION	TRAVEL .55/MI	MEALS	LODGING	MISC.	TOTAL
TOTALS:							

CERTIFICATION: *I certify that this statement, the amounts claimed and the attached receipts represent all necessary expenses incurred by me while engaged in association business*

SIGNATURE _____ TITLE _____ ADDRESS _____

DATE SUBMITTED _____

OFFICE USE ONLY/CHECK # _____ DATE _____