



OBM

State of Ohio

Miscellaneous Expense Reimbursement *Required Field

Agency Name & OAKS Business Unit:			
Division:		Bargaining Unit:	
Date:		Last Receipt Date:	
Section of Contract that Authorizes Reimbursement (if expense is covered by a collective bargaining unit):			
Name of Employee Purchasing Goods:			
*Vendor ID # :		*Invoice No:	
Address	Number and Street	City	State Zip

Enter Speed Chart Name or Chartfield String					
Speed Chart	Fund	Account Code	ALI	Department	Program
Grant/Prj	Project	Serv Loc.	Reporting	Agency Use	Budget Ref.

Please process reimbursement for the following purchases which were necessary in the performance of my duties as

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- Proper purchasing procedures were followed.
 - These items were not available through OPI (Ohio Penal Industries), CRP (Community Rehabilitation Program), OSS (Office of Support Services), and RSC (Rehabilitation Services Commission).
 - I have included itemized receipts for these purchases.

Miscellaneous Items Purchased	Date	Price
Postage		\$
Employee Signature:	Total Expenditures	\$

To be completed by office staff – Payment Approval

Supervisor's Signature:	Title:	Date: