SOUTHERN OREGON
EDUCATION SERVICE DISTRICT
101 NORTH GRAPE STREET
MEDFORD, OREGON 97501

Scott Perry
Superintendent

OUT OF SERVICE AREA TRAVEL REIMBURSEMENT

Vendor #	Fund	Function	Object	Location	Area	Date Today
			342			

Last Name	First Name	Street Address

Primary Work Location	Commute (1W)	City	State	Zip

REASON FOR TRAVEL

TRANSPORTATION INFORMATION

Date of Travel	Type of Transportation	Departure Location	Travel Destination	# Miles Driven

ADDITIONAL EXPENSES

Date	Meal (B,L,D)	Meal Amount	Lodging Location	Lodging Amount	Other Expense

Total Mileage	
Mileage Reimbursement @ $.56/mi	
Total Lodging	
Total Meals	
Total Other	
Total Claim	

PAID

Date Paid _____

ESD Check # _____

PAYMENT/PURCHASE AUTHORIZED BY **DATE**

Claimant _____ _____

Prior Approval _____ _____

Final Approval _____ _____

2014 [v2.2k14]
Revised 3/4/2014