North Central State College
2441 Kenwood Circle
Mansfield, Ohio 44906

Travel Expense Reimbursement Form 17-261c

Current Mileage Rate/IRS
$0.35

For Accounting Use Only
PO # _____
Vendor # _____

Traveler's Name _____ Home Address _____ City _____ State _____ Zip _____

Destination (City/State) _____ Report Prepared by _____ Ext. / E-mail _____

Purpose of Trip _____ Dept. _____ Acct.# _____

MO/YR Day	Location (Where expenses incurred)	Reg. Fee	Hotel Cost (Daily Charges)	Meals Daily Rate			Transportation					Misc. Business Expense	Total Expenses	Advances and/or P-Card Purchases
				Brkfst	Lunch	Dinner	Car Rental	Parking Taxi Shuttle Tolls	Airfare	Private Car Use Miles	Private Car Use Amt.			
											$0.00		$0.00	
											$0.00		$0.00	
											$0.00		$0.00	
											$0.00		$0.00	
											$0.00		$0.00	
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											$0.00		$0.00	
											$0.00		$0.00	
TOTALS		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	**$0.00**	**$0.00**

TOTAL REIMBURSEMENT **$0.00**

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the policy & procedures of North Central State College and that all items shown were only for the official business of the Institution.

Traveler _____ Date _____

Supervisor _____ Date _____

Division VP _____ Date _____

VP Business & Administrative Services _____ Date _____

Please Check One:
☐ Pick-up Check
☐ Mail Check

TREASURER'S CERTIFICATE: It is hereby certified that both at the time of the making of this contract or order and at the date of the execution of this certificate, the amount required to pay this contract or order has been appropriated for the purpose of this contract or order and is in the treasury or in the process of collection to the credit of the appropriated fund, free from any previous encumbrance.