Office of Budget and Management

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

_____

- 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**:**

DISTRIBUTION: Agency/OBM State Accounting