

## Job Aid: Travel Reimbursement Invoice

Directions on how to complete the “Travel Reimbursement Invoice” OBM - 1115

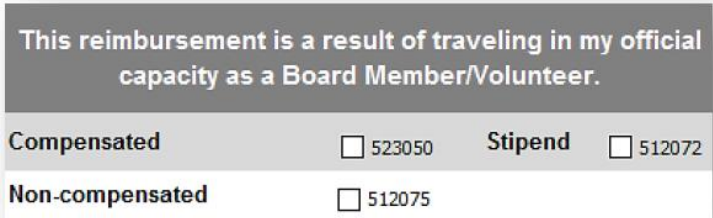
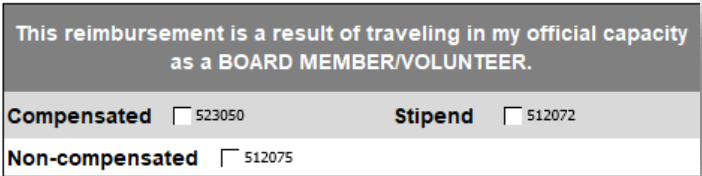
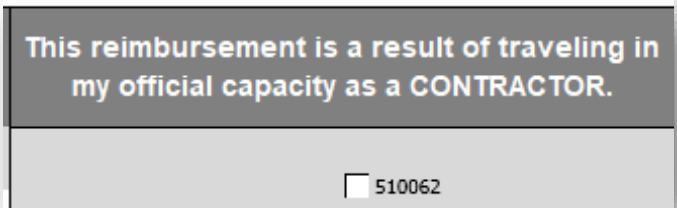
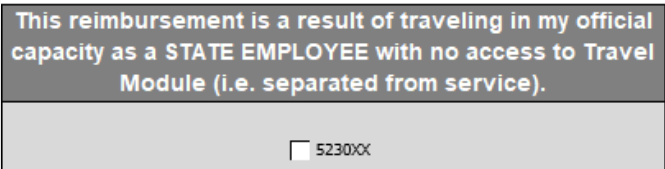
- Steps 1-7 will assist the Traveler.
- Steps 8-10 will assist the Approver.

This form should appear as 2 pages but if printed should be a one-page document with a front (to be filled by the traveler) and a back (to be filled by the approver.)

This form is to undergo updates whenever the mileage reimbursement changes so please be sure to get the most recent copy from the OBM website – Form: OBM-1115.

To ensure you are using the most recent form, check the header for the revision date (August 2019).

Step-by-Step for the Traveler	Screen Shot
<p>1. A. Click in each shaded field to enter your name, address, city, state, zip code, and phone information.</p> <p>B. Please enter the requested information in the shaded fields 0 business unit or agency name, and the title of the meeting or event.</p> <p>NOTE: Location refers to the actual street address including the city and state.</p>	

<p>2. Please select the box indicating whether you are compensated, using a stipend, or non-compensated. By selecting the appropriate box, you are indicating which account number will be used for processing payment.</p> <p>NOTE: If you are a contractor – do <u>not</u> make a selection in this section.</p>	 <p>This reimbursement is a result of traveling in my official capacity as a Board Member/Volunteer.</p> <p>Compensated <input type="checkbox"/> 523050      Stipend <input type="checkbox"/> 512072</p> <p>Non-compensated <input type="checkbox"/> 512075</p>
<p>3. Only those who are <u>Board Members or Volunteers</u> should select this box indicating that this account number should be used for processing payment.</p>	 <p>This reimbursement is a result of traveling in my official capacity as a BOARD MEMBER/VOLUNTEER.</p> <p>Compensated <input type="checkbox"/> 523050      Stipend <input type="checkbox"/> 512072</p> <p>Non-compensated <input type="checkbox"/> 512075</p>
<p>4. Only those who are <u>Contractors</u> should select this box indicating that this account number should be used for processing payment.</p>	 <p>This reimbursement is a result of traveling in my official capacity as a CONTRACTOR.</p> <p><input type="checkbox"/> 510062</p>
<p>5. Only those that traveled as state employees who are not able to be reimbursed using the OAKS Travel and Expense Module due to an issue with the bank account established in OAKS for payroll or OAKS Human Capital Management (HCM) profile is inactive (they have separated state service or are inactive due to extended leave). All others should use the OAKS Travel and Expense Module.</p>	 <p>This reimbursement is a result of traveling in my official capacity as a STATE EMPLOYEE with no access to Travel Module (i.e. separated from service).</p> <p><input type="checkbox"/> 5230XX</p>



**Step-by-Step for the Traveler**

**Screen Shot**

Side 2: This side of the page is to be completed by the APPROVER.

10. A. Total reimbursement 0 this dollar amount is carried over for the calculated on the previous side – it populates for you.  
 B. Dollar amount – If desired, you can divide the reimbursement amount into 3 lines

To be completed by agency			
Total reimbursement:	\$0.00	A	
Dollar amount:		B	
LINE:	1	2	3

11. Please complete this table to expedite processing.  
 \*Fields marked with an asterisk are mandatory.

To be completed by the Agency				*Fields with an asterisk are mandatory
Total reimbursement requested:	\$0.00			
LINE	1	2	3	
Dollar Amount:				
PO Number/SpeedChart:				
*FUND:				
*ALL:				
*DEPT:				
*PROGRAM:				
GRANT/PRIJ:				
PROJECT:				
SVC. LOCATION:				
REPORTING:				
AGENCY USE:				
BUDGET REFERENCE:				
INVOICE DATE:	(mm/dd/yyyy)			
*OAKS BUSINESS UNIT:				
*ORIGIN:				
<small>Payments for services submitted are exempt from Decision 120, 20 of the OIA Revised Code and Rule 120-3-07 of the OIA Administrative Code.</small>				Invoice approved by: Approval Date: (mm/dd/yyyy) Fiscal Officer Approval: Approval Date:

12. This box is for Agency Approval name and date to be entered.  
 Some agencies may require a fiscal officer's approval – a space is designated if your agency requires this.

