## Job Aid: Travel Reimbursement Invoice

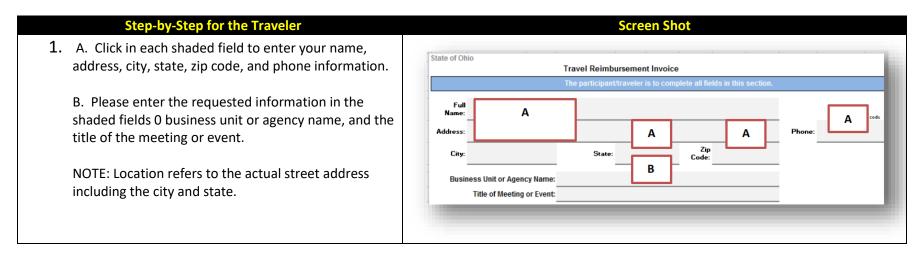
Directions on how to complete the "Travel Reimbursement Invoice" OBM - 1115

- 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).



<ol> <li>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.</li> <li>NOTE: If you are a contractor – do not make a selection in this section.</li> </ol>	This reimbursement is a result of traveling in my official capacity as a Board Member/Volunteer.  Compensated 523050 Stipend 512072  Non-compensated 512075
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.	This reimbursement is a result of traveling in my official capacity as a BOARD MEMBER/VOLUNTEER.  Compensated 523050 Stipend 512072  Non-compensated 512075
<ol> <li>Only those who are <u>Contractors</u> should select this box indicating that this account number should be used for processing payment.</li> </ol>	This reimbursement is a result of traveling in my official capacity as a CONTRACTOR.
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.	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).

6. This is a reminder that specific charges require you to submit a receipt. Learn about the travel rule on the Requires an itemized receipt if EXPENSE is over \$10: Lodging OBM website: http://obm.ohio.gov/TravelRule Misc. Expenses: transportation, taxi, ferry, parking, and tolls. 7. This is a reminder that you can use the GSA website CONUS per diem reimbursement rates: www.gsa.gov to view the CONUS per diem rates. 8. A. Enter the date of your expenses in the format shown: mm/dd/yyyy. B. Enter the charges based on the table headers. C. Enter the number of miles traveled. D D. Do not attempt to enter the total charges as the cells contain formulas to calculate totals for you. 9. Please read this section carefully. Submission of this form certifies that the expenses identified in • Save a copy of this document electronically this report are limited to those which I actually incurred on state on your computer. business and that these expenses meet the requirements of Rule • To submit, send an email to your approver, 126-1-02 of the Ohio Administrative Code or applicable collective bargaining contract. In the event that I am driving a with your completed form attached. privately owned motor vehicle on state business, I also certify that I am insured under a policy of liability insurance meeting the requirements of Section 4509.51 of the Ohio Revised Code. NOTE: The expenses should automatically calculate totals and mileage expense. If it does not you can change the setting from manual to automatic. 1. Click on "Formulas" tab 2. Click on "Calculation Options" 3. Checkmark "Automatic"

## **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. To be completed by agency B. Dollar amount – If desired, you can divide the reimbursement amount into 3 lines Α Total reimbursement: Dollar amount: В 2 LINE: 1 3 11. Please complete this table to expedite processing. \*Fields marked with an asterisk are mandatory. \*PROGRAM PROJECT SVC. LOCATION REPORTING 12. This box is for Agency Approval name and date to be entered. BUDGET REFERENCE: Some agencies may require a fiscal officer's approval – a Payments for services submitted are everyted from Section 126.30 of the Ohio Revised Code and Rule 105-3-01 of the Ohio Administrative Code. space is designated if your agency requires this.