Ohio Deferred Compensation

257 East Town Street, Suite 400
Columbus, OH 43215-4623

NAME _____

EXPENSE REPORT

Date	Description	Miles		Amount	Airfare	Lodging	Meals	Other Explanation	Other	TOTALS
			$0.70							
			$0.70							
			$0.70							
			$0.70							
			$0.70							
			$0.70							
			$0.70							
			$0.70							
			$0.70							
			$0.70							

I hereby certify the above to be a true record of expenses incurred in the performance of my duties as a member/employee of the Ohio Public Employees Deferred Compensation Board.

Board members must have approval of the Board or Committee Chair. Employees must have approval of the Executive Director or an Assistant Director.

SUMMARY	
TOTAL EXPENSES	
LESS PRE-PAID EXPENSES_____	
AMOUNT DUE MEMBER/EMPLOYEE	
AMOUNT DUE OPECDP	

Signature _____ Date _____

Approval _____ Date _____

Accounting Use Only

Vendor	
Account	
Check	
Amount	
Date	
Approval	

Revised 1/2025