



# OHIO ASSOCIATION OF ADMINISTRATORS OF STATE & FEDERAL EDUCATION PROGRAMS

★ LEADERSHIP ★ PROFESSIONAL DEVELOPMENT ★ COLLABORATION ★ SUPPORT

## Mileage Reimbursement Form 2026-2027

Name:

Email Address:

Address:

Event:

Date:

Travel to and from:

Number of Miles Traveled:

(Attach map quest or similar for documentation)

☐ Personal Vehicle ☐ Rental

Parking: (Attach Receipt)

Tolls: (Attach Receipt)

For all expenditures receipts must be attached.

Signature:

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To be Completed by Treasurer:

Paid on:

Current Mileage rate: \$0.725

Check #: Amount: