

## Central Oregon Community College Candidate Travel Reimbursement Request

Date(s)	Personal Car Miles	@ \$.545 Eff. 1/1/18	Mileage Amount	Rental Car Up to two (2) days	Meals Up to two (2) days	Lodging One (1) night	Flight	Cab Bus Train	Other	Total
<b>TOTALS</b>										

**ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED**

COCC ID#: \_\_\_\_\_

Check made payable to:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

Signature

**FOR HR USE ONLY**

Posting # \_\_\_\_\_

Comm. Chair \_\_\_\_\_

Position: \_\_\_\_\_

Candidate was:      (✓) \_\_\_\_\_ Selected                      \_\_\_\_\_ Not Selected

**Approval:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Approved Amount \$** \_\_\_\_\_

**Budget Account Number** \_\_\_\_\_