

Central Oregon Community College Candidate Travel Reimbursement Request

Date(s)	Personal Car Miles	@ \$.58 Eff. 1/1/19	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
TOTALS										

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 _____