

## Central Oregon Community College Candidate Travel Reimbursement Request

Date(s)	Personal Car Miles	@ \$.70 Eff. 1/1/25	Mileage Amount	Rental Car Up to two (2) days	Meals Up to two (2) days	Lodging Up to two (2) nights	Flight	Cab/ Uber Bus Train	Other	Total
<b>TOTALS</b>										

**ORIGINAL ITEMIZED RECEIPTS (in candidate's name) MUST BE ATTACHED**

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

Check made payable to:

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Signature

**FOR HR USE ONLY**

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

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

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

Candidate was:      (✓)  Hired                       Not Hired

**Approval:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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

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