

**OPPORTUNITIES FOR OHIOANS WITH DISABILITIES AGENCY
PARTICIPANT'S EXPENSE REPORT**

Invoice#:

OAKS Vendor ID (Please do not use Social Security Number):	Speedchart (4-digits):	Budget Reference:
Name:	Date & Time of Departure:	
Home Address:	Date & Time of Return:	

Check One:

- Governor's Council on People with Disabilities
- Consumer Advisory Council
- Ohio Vendors Representative Committee

Expenses Claimed:

	MEMBER	DRIVER/ATTENDANT
Personal Car Mileage	(_____ x \$0.52) =	(_____ x \$9.25) =
Driver/Attendant Hours	# of miles	# of hrs
Lodging + Lodging Taxes		
Per Diem (day of departure)		
Per Diem (overnight/full day)		
Per Diem (day of return)		
Miscellaneous Expense (Parking, Tolls, Taxi, etc.)		
Total		
TOTAL REIMBURSEMENT DUE		

PLEASE ATTACH RECEIPTS FOR HOTEL, COMMERCIAL TRANSPORTATION AND PARKING.

I certify that the information given above is true and any mileage claimed was actually driven at OOD's request.

Participant's Signature _____ Date _____

Approved by _____ Date _____

Title _____

Complete form and submit with one copy to the appropriate coordinator at Opportunities for Ohioans with Disabilities Agency.