

**INSTRUCTIONS FOR SUBMITTING EXPENSES**  
**Projects and Standing Committee Members**  
**Ohio State Chapter**

**ALL REQUESTS FOR REIMBURSEMENT MUST BE  
SUBMITTED WITHIN 30 DAYS.**

***REIMBURSEMENT FOR ONE-PERSON COMMITTEES***

1. Photocopy all receipts relating to the reimbursement request
2. Complete the Reimbursement Request, making a duplicate for your file
3. Attach **original receipts** to the original signed-and-dated Reimbursement Request and mail to the state chapter president

***REIMBURSEMENT FOR MULTI-PERSON COMMITTEES***

1. Photocopy all receipts relating to the reimbursement request
2. Complete the Reimbursement Request, making a duplicate for your file
3. Email your committee chair with a request for reimbursement. In an itemized list, include the date of the transaction, amount, and an explanation of expenses. The chair's email reply will be her authorization. Attach a copy of the entire email to the signed-and-dated Reimbursement Request with **original receipts** and mail to the state chapter president

***REIMBURSEMENT FOR TRAVEL EXPENSES***

1. Travel Allowance for required meetings (including state convention) shall be mileage times the current IRS rate for charitable organizations. This information will be given to you each January as the rate may change. For reimbursement, print the driving directions from a known travel direction website (Googlemaps, Mapquest) indicating your name, date, name of activity and round trip mileage computation.
2. Photocopy all receipts and/or maps relating to your reimbursement request. Complete the Reimbursement Form making a duplicate for yourself. If there is more than one member of the committee, send this information to the chair of your committee and received an email verification. Attach original receipt and email from the chair to the original and dated Reimbursement Request and mail to the state chapter president.

If you have any questions, please contact your adviser.

NAME: \_\_\_\_\_

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*I certify that all items included on this expense sheet were and/or will be used for P.E.O. business and any personal use is nominal and insubstantial. Receipts, bills, or similar documentary evidence of charges are attached to support reimbursement of such business expenses.*

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Signature, Committee Chair (email from chair is acceptable)

Date

Email your committee chair with a request for reimbursement. In an itemized list, include the date of the transaction, amount, and an explanation of expenses. The chair's email reply will be her authorization for reimbursement. Attach a copy of the entire email to the signed-and-dated Reimbursement Request with **original receipts** and mail to the state chapter president.

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