



RSOP Expense Reimbursement Certification

- Please print unless otherwise noted
- Return this form with receipts fully completed to your supervisor or department head for signature

Date: _____

Name: _____

Home Mailing Address: _____

City, State, Zip: _____

Phone Number: (_____) _____ e-Mail: _____

Complete the Appropriate section

MILEAGE

Program/activity Name _____ Date _____

Destination _____

(If multiple destinations, complete the "Automobile Mileage" form)

Total number of miles _____

MISC. PURCHASE(S)

Program/activity name _____ Date _____

Purchase description _____

Purchase amount \$ _____ (attach receipt to this form)

I, _____, certify that the information outlined above is correct
(signature)

for expenses I have incurred.

Office Use Only:

Mileage Rate: \$ _____ Total Reimbursement Due \$ _____

Professional Staff Coordinator: _____

RSOP Director: _____

Sub Account: _____ Ven. Code _____