

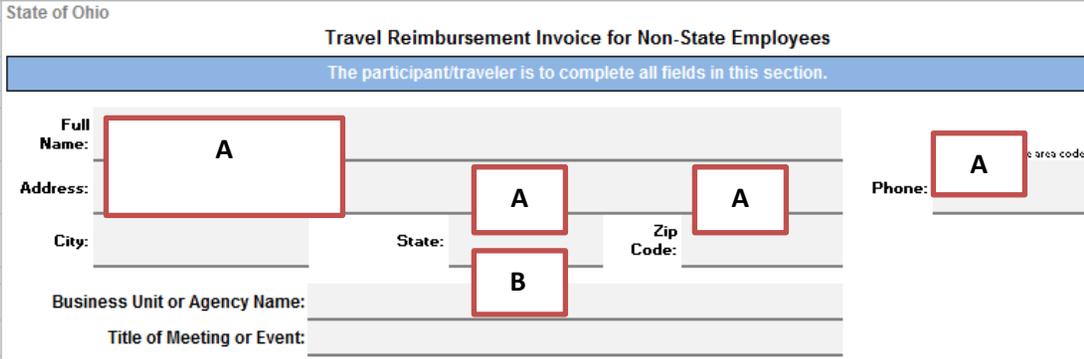
Job Aid: Travel Reimbursement Invoice for Non-State Employees

Directions on how to complete the “Travel Reimbursement Invoice for Non-State Employees:”

- Steps 1-7 will assist the traveler.
- Steps 8-10 will assist the approver.
- This form should appear as 2 pages but if printed should be a one page document with a front (to be filled by the traveler) and a back (to be filled by the approver).

This form is to undergo updates whenever the mileage reimbursement changes so please be sure to get the most recent copy from the OBM website – FORM: OBM-1115.

To ensure you are using the most recent form, check the footer for the revision date (February 2016).

Step-by-Step for the Traveler	Screen shot
Side 1: This side of the page is to be completed by the traveler.	
<p>1. A. Click in each shaded field to enter your name, address, city, state, zip code, and phone information.</p> <p>B. Please enter the requested information in the shaded fields – business unit or agency name, and the title of the meeting or event.</p> <p>NOTE: Location refers to the actual street address including the city and state.</p>	

2.

- Please select the box indicating whether you are compensated, using a stipend, or non-compensated.
- By selecting the appropriate box, you are indicating which account number will be used for processing payment.

NOTE: If you are a contractor – do not make a selection in this section

This reimbursement is a result of traveling in my official capacity as a Board Member/Volunteer.

Compensated	<input type="checkbox"/> 523050	Stipend	<input type="checkbox"/> 512072
Non-compensated	<input type="checkbox"/> 512075		

3.

Only those who are contractors should select this box indicating that this account number should be used for processing payment.

This reimbursement is a result of traveling in my official capacity as a contractor.

510062

4.

- This is a reminder that specific charges require you to submit a receipt.
- Learn about the travel rule on the OBM website: <http://obm.ohio.gov/TravelRule>

Requires an itemized receipt if EXPENSE is over \$10:
* Lodging
* Misc. Expenses: transportation, taxi, ferry, parking, and tolls.

5.

This is a reminder that you can use the GSA website to view the CONUS per diem rates.

CONUS per diem reimbursement rates: www.gsa.gov

Step-by-Step for the Approver

Screen shot

Side 2: **This side of the page is to be completed by the approver.**

- 8.
- A. Total Reimbursement – this dollar amount is carried over for the total calculated on the previous side – it populates for you.
- B. Dollar amount - If desired, you can divide the reimbursement amount into 3 lines.

To be completed by agency			
Total reimbursement:	\$0.00	A	
Dollar amount:		B	
LINE:	1	2	3

9. Please complete this table to expedite processing.

* Fields marked with an asterisk are mandatory.

To be completed by the Agency				*Fields with an asterisk are mandatory
Total reimbursement requested: \$0.00				
LINE:	1	2	3	
Dollar Amount:				
PO Number/ SpeedChart:				
*FUND:				
*ALI:				
*DEPT:				
*PROGRAM:				
GRANT/PRJ:				
PROJECT:				
SVC. LOCATION:				
REPORTING:				
AGENCY USE:				
BUDGET REFERENCE:				
*INVOICE DATE: (mm/dd/yyyy)				
*OAKS BUSINESS UNIT:				
*ORIGI:				

Payments for services submitted are exempted from Section 126.30 of the Ohio Revised Code and Rule 126-3-01 of the Ohio Administrative Code.

Invoice approved by: _____

Approval Date: (mm/dd/yyyy) _____

Fiscal Officer Approval: _____

Approval Date: _____

OBM-115 February 2016

- 10.
- This box is for agency approval – name and date to be entered.
 - Some agencies may require a fiscal officer's approval – a space is designated if your agency requires this.

