

3309-1-52

Appendix B

Page 1 of 1



School Employees Retirement System of Ohio

Staff Expense Report

Name:

| | | | | | | | | |
|---|------------------------|-------------------|--------------------------|--|------------------|-------------------------------------|--|--|
| Name of Conference/Purpose of Trip: | | Conference Dates: | | | | | Type of Travel (select from list below) | |
| Location of Trip: | | Travel Dates: | | | | | | |
| Enter Dates | | | | | | | Total | |
| Enter Name of City | | | | | | | Amount | |
| Lodging | | | | | | | - | |
| Meals | Breakfast | | | | | | - | |
| | Lunch | | | | | | - | |
| | Dinner | | | | | | - | |
| Less: unapproved meals > \$60 | | | | | | | | |
| Daily Meal Total | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | - | |
| Transportation | | | | | | | | |
| | Airplane | | | | | | - | |
| | Personal Car -- Miles | | | | | | - | |
| | @ 0.565 | - | - | - | - | - | - | |
| | Taxi/Limousine | | | | | | - | |
| | Rental Vehicle | | | | | | - | |
| | Shuttle | | | | | | - | |
| | Gas (for SERS vehicle) | | | | | | - | |
| | Parking | | | | | | - | |
| | Tolls | | | | | | - | |
| Other Expenses | | | | | | | | |
| | | | | | | | - | |
| | | | | | | | - | |
| | Tips (not Meals/Taxis) | | | | | | - | |
| | | | | | | | - | |
| | | | | | | | - | |
| Daily Totals | - | - | - | - | - | - | - | |
| | | | | | | Conference Registration Fee | - | |
| | | | | | | Business Meal Reimbursement (below) | - | |
| | | | | | | Total Expenses | - | |
| Meals paid for multiple SERS employees/Board members/guests | | | | | | Less: Direct Bill (Airfare, Hotel) | - | |
| Date | Names | | | | | DTL Purchasing Card Charges | - | |
| | | | | | | Prepaid Registration Fee | - | |
| | | | | | | Other | - | |
| | | | | | | Total Deductions | - | |
| | | | | | | BALANCE DUE TO: Employee | | |
| | | | | | | SERS | | |
| Business Meal Reimbursement (Not Travel Related) | | | | | | | | |
| Names of Guests, Titles, Business Connections | | Date | Place -- Name & Location | | Business Purpose | Amount | | |
| | | | | | | | | |
| | | | | | | Total (Adds Above) | | |
| Approvals | | | | | | | | |
| I certify that these expenses were actual and reasonable, are in compliance with SERS policy, and were incurred for official business of the School Employees Retirement System. No portion of these expenses was provided free of charge or previously reimbursed from any other source. Should any portion of this reimbursement be found non-compliant with SERS policy, I will reimburse SERS within ten (10) days of being notified. | | | | I certify that I have reviewed expenses associated with this reimbursement, have found them in compliance with SERS policies and procedures, and hereby authorize payment. | | | | |
| Signed: _____ | | Date: _____ | | Director: _____ | | Date: _____ | | |
| Account # _____ | | | | Accounting Approval _____ | | DTL _____ | | |