



Ohio Olmstead Task Force Reimbursement Form

Treasurer Use:
Date Received: _____
Check # _____
Date of Chk. _____

Requests for reimbursement must be received by the first Friday of month, following the OOTF meeting in order to be paid by month's

Please send electronic form to: Renee Wood, babydoe8@aol.com
 Or by mail to: ATTN: OOTF, 670 Morrison Road, Ste. 200, Gahanna, OH 43230

Name (Printed):	Date:
Address:	Email Address:
Name of Meeting/Event: Start From and Destination:	Date(s):

ITEM <small>(Receipts must be with form)</small>	Description <small>(Date and Amount)</small>	Actual Expense	Approved
Mileage @ 65.5 cents per mile	Odometer Start: _____ Odometer Stop: _____ Total Miles: _____	\$	
Tolls and Parking		\$	
Other Transportation		\$	
Personal Attendant Services- up to \$16.00 per hour if less than 12 hours or \$200 for an overnight stay (12 to 24 hour period)	"Receipt for Attendant/Driver Services" PCA Name: _____ Start Date: _____ Time: _____ End Date: _____ Time: _____ <hr style="width: 80%; margin-left: 0;"/> Attendant signature; certifies that I worked these hours, I am not paid by another funder source for the same hours	\$	
Other		\$	
Total Reimbursement Requested		\$	

Signature: _____

If you have any questions, please contact Renee Wood, Ohio Olmstead Task Force Chair, at babydoe8@aol.com or call 419-724-9070.