

Western Oklahoma Workforce Development Board
Travel Reimbursement Form

Please complete this form and mail to:

OEDA: Attention Dee Ann Gray
PO Box 668
Beaver, OK 73932

Board Member Name: _____

Mailing Address: _____
Address City State ZIP

Phone: _____ Email: _____

Title, dates, time & location of event: _____ [] *meeting agenda attached*

Origin: _____ Destination: _____

Total Miles Traveled in my own car: _____

I certify, by my signature below, I am not able to claim or receive any mileage reimbursement from any other source and my own personal vehicle was used.

Board Member Signature & Date

For OEDA use only:		
Miles	Mileage Rate	Total Dollars
	\$	\$