



Where young people grow, thrive and lead!

\_\_\_\_\_  
Date of this request

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Fiscal Dept Receive date

**TRANSPORTATION REIMBURSEMENT**

Requested by \_\_\_\_\_

School Site/ Program Name \_\_\_\_\_

Make check payable to \_\_\_\_\_

Vendor ID # \_\_\_\_\_

Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Date (mm/dd/yy)	Purpose of the trip (i.e home visit, ASP meeting etc..)	Name of event /client (i.e John Smith, OFCY Grantee meeting etc..)	Starting location (i.e 2025 E 12th St Oakland, 94606)	Ending locaton (i.e 1025 E 12th St Oakland, 94606)	Mileage	\$ - Tolls/ Parking	\$ - Public Transportation (i.e Bart, AC Transit etc..)

Requestor Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Line Item / Description of Expense	Amount
Mileage (\$0.575/mile) Total = \$ 0.575 x = \$	
Toll/ Parking Total = \$	
Public Transportation Total = \$	

Total Amount Requested: \$ \_\_\_\_\_

**FISCAL DEPARTMENT ONLY**

Account / Sub-Account Code	Amount	Batch Number	Reference Number	Check Number	Check Date