

Ohio JCEP Reimbursement/Payment
Transmittal Form

Person Submitting Request: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Appropriate Expense Category

- Ohio JCEP Expense
 - Scholarship
 - Conference (Check which conference) JCEP PILD ESP
 - Award
 - Other: _____

Other Organization/Account: _____

Amount of Expense: _____ Date of Expense: _____

Description of Expense: _____

Preferred payment method: Check or Chartfield (restrictions apply)

ORG_____ FUND_____ ACCT_____ PROJ_____ PROG_____ USERDEF_____

Make Payment Payable To: Name: _____

Mail Payment To: Address: _____

City: _____

State: _____ Zip: _____

Return Reimbursement/Payment Form to:

➔ All requests must include this transmittal form and proper documentation of expenditures.

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