

Central Oregon Community College Candidate Travel Reimbursement Request

Date(s)	Personal Car Miles	@ \$.725 Eff. 1/1/26	Mileage Amount	Rental Car Up to two (2) days	Meals Up to two (2) days	Lodging Up to two (2) nights	Flight	Cab/ Uber Bus Train	Other	Total
TOTALS										

ORIGINAL ITEMIZED RECEIPTS (in candidate's name) MUST BE ATTACHED

COCC ID#: _____

Check made payable to:

Name: _____

Address: _____

Date: _____

Signature

FOR HR USE ONLY

Posting # _____

Comm. Chair _____

Position: _____

Candidate was: (✓) **Hired** **Not Hired**

Approval:

Signature

Date

Approved Amount \$ _____

Budget Account Number _____