

## Expense Reimbursement

**This form must be received by the OSI Treasurer for  
expense reimbursements.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for reimbursement: \_\_\_\_\_

Copies of receipts enclosed?      Yes      \_\_\_\_\_      No      \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account to be charged: \_\_\_\_\_

Total amount of Reimbursement Requested: \_\_\_\_\_

This form must be returned to:  
**Chris Wolford, Treasurer**  
**5020 B College Corner Pike**  
**Oxford, OH 45056**  
**513-523-2181**

Accounts: Please contact us by e-mail if you have any questions as to which accounts to use or instructions on how to fill out this form.

[kkprincell@gmail.com](mailto:kkprincell@gmail.com)