



THE OHIO BASS FEDERATION, INC.
EXPENSE REIMBURSEMENT FORM



DATE SUBMITTED: _____ SUBMITTED BY: _____

(PLEASE PRINT)

SIGNATURE: _____

REIMBURSEMENT FOR:

REQUIRED _____

****PLEASE BE COMPLETE, 1 FORM PER EVENT****

MILEAGE _____ @\$.53/MILE TOWING @ \$.855/MILE \$ _____

MEALS** _____ **MAXIMUMS: BREAKFAST \$6.00 LUNCH \$6.00 DINNER \$8.00 \$ _____

ROOM \$ _____

POSTAGE \$ _____

PRINTING & OFFICE SUPPLIES \$ _____

PHONE \$ _____

OTHER EXPENSE ITEMS (DESCRIBE & ATTACH RECEIPTS)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

RELEASE BOAT MAINTANCE/REPAIRS/PURCHASES

_____ \$ _____

_____ \$ _____

TOURNAMENT EQUIPMENT MAINTENANCE/REPAIRS/PURCHASES

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TOTAL TO BE PAID \$ _____ DATE PAID: _____ CHECK # _____

IN NO CASE SHALL AMOUNT TO BE PAID EXCEED THE ACTUAL COSTS

MAIL CHECK TO: _____

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OBF Treasurer
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