

# State of Oregon Personal Expense Reimbursement Request

Form 07-006

Agency Name		Unit/Section/Division		Driver Name (last name, first name)	
Address (reimbursement will be mailed to this address*)			City		State
Zip			Employee ID		Phone Number
OR _____		Email Address			
A Reason for Expense ( <b>must be filled out to process request</b> )					
Date of Expense	Amount of Expense	Motor Pool Vehicle Plate #	Odometer Reading (on Date of Expense)		

**\*If you have set up automatic deposit for expense reimbursements with your payroll department, this reimbursement will be auto-deposited.**

B	The above named driver incurred an expense in the amount stated while operating the above mentioned vehicle on official state business.
	Driver Signature: _____

C	Attach receipt here (a scanned copy is acceptable).
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MOTOR POOL USE ONLY					
Approval Signature	Date	Agency #	Cost Center	<input type="checkbox"/> Processing Fee: \$	<input type="checkbox"/> No Processing Fee