

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 OR _____		Email Address		Phone Number	
A Reason for Expense (must be filled out to process request)					
Date of Expense	Amount of Expense	Motor Pool Vehicle Plate #	Odometer Reading (on Date of Expense)		

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 ORIGINAL receipt here (reimbursement will not be processed without original receipt).
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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