

State of Oregon Personal Expense Reimbursement Request

Fleet & Parking Services
1100 Airport Rd SE
Salem, OR 97301-6082
503-373-7744
503-378-5813 fax

fleet.fuel@das.oregon.gov
<https://www.oregon.gov/DAS/FleetPark>

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	
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)		

***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).	

MOTOR POOL USE ONLY					
Approval Signature	Date	Agency #	Cost Center	<input type="checkbox"/> Processing Fee: \$	<input type="checkbox"/> No Processing Fee