

State of Oregon, DAS Statewide Fleet Administration
PERSONAL EXPENSE REIMBURSEMENT REQUEST

Motor Pool Vehicle License #: _____

Reason for Expense (must be filled out in order to process request): _____

Date of Expense: _____

Amount of Expense: _____

Driver Name: _____

Agency: _____

Unit/Section/Division: _____

Odometer Reading: _____

Address: _____

Phone: _____

Email: _____

(Reimbursement will be mailed to this address)

The above named driver incurred an expense in the amount stated necessary for the operation of the above mentioned vehicle while on official state business. **(Original receipt required. Please attach in space indicated.)**

Driver Signature: _____

RETURN REQUEST TO: DAS Statewide Fleet Administration
1100 Airport Rd, SE
Salem, OR 97301-6674
(503) 378-6937

Please tape original receipt(s) into box or attach to blank full sheet

OFFICE USE ONLY

Approval Signature _____

Date _____

Agency # _____ Cost Center _____

Processing Fee \$ _____

No Processing Fee