

**Ohio SMP**  
Expense Reimbursement

**Volunteer Name and Address:**

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| Date   | County | Purpose<br>(see key) | Name of Event      | Miles<br>Driven |
|--|--------|----------------------|--------------------|-----------------|
|  |        |                      |                    |                 |
|  |        |                      |                    |                 |
|  |        |                      |                    |                 |
| Key:<br><br><b>1</b> – Presentation<br><b>2</b> – Informational /Booth<br><b>3</b> – Dissemination<br><b>4</b> - Other |        |                      | Total Miles Driven |                 |
|  |        |                      | Times              | X .54           |
|  |        |                      | Total Expenses     | \$              |

Other expenses:

Signature of Volunteer:

Date:

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Signature of Volunteer Coordinator:

Date:

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*Please submit within  
one month of activity  
to:*  
 Jane Winkler  
 Pro Seniors  
 7162 Reading Road  
 Suite 1150  
 Cincinnati, OH 45237  
 or fax to  
 513-338-1504