

IN-SCHOOL MENTOR'S RECORD

NAME _____

SCHOOL _____

IN-SCHOOL MEETINGS (Include preparation and paperwork time.)

Date	# Hours

Month: _____

Total Hours: _____

Total Mileage: _____

Total Receipts: _____

OTHER MEETINGS (Saturday, staff, and parent meetings, interviews, tutoring, etc.)

Date	Activity	Hours	Location	Mileage

OTHER EXPENSE RECORD – Attach receipts and

Date	Item	Vendor	Purpose

NOTE: If tutoring is the activity, hours will be based on WEEKLY UB STUDY TABLES SIGN-IN sheet.

I certify that the itemized expenses submitted for reimbursement are actual and reasonable and incurred for a valid OSU business purpose in accordance with University Policies. In addition, to the best of my knowledge, I have not been reimbursed and will not be reimbursed for the expenses associated with the payment except as shown above.

Signature _____

Date _____