

Ohio Environmental Health Association, Inc.
PO BOX 234
Columbus, Ohio 43216-0234
FEDERAL TAX ID #31-6036281

REIMBURSEMENT REQUEST FORM

DATE OF REQUEST:	
PAYABLE TO:	
MAILING ADDRESS CITY, STATE, ZIP CODE	
AMOUNT REQUESTED:	OEHA BUDGET CODE:
DESCRIPTION OF ITEM PURCHASED OR SERVICE PROVIDED:	
REQUESTED BY (Print Name)	REQUESTED BY (Signature)
APPROVED BY (Committee Chair Name)	APPROVED BY (Committee Chair Signature)
DATE ISSUED:	CHECK NUMBER