



OAB BOARD OF DIRECTORS TRAVEL REIMBURSEMENT FORM

Name:	
Company:	
Address:	
City, State, Zip:	
Phone:	
\$ amount of airfare to be reimbursed:	
Please indicate to whom the check should be made payable:	

Please submit this completed form, along with your airline ticket receipt, to Chris Merritt by email at cmerritt@oab.org or by fax at 614-228-8133. Thank you!