OHIO ASSOCIATION OF CHIEFS OF POLICE

OHIO COLLABORATIVE
LAW ENFORCEMENT AGENCY CERTIFICATION

ASSESSOR EXPENSE REPORT

Name: _____ **Telephone:** _____

Mailing Address: _____

Onsite Date: _____

Agency Name/Address: _____

Starting Address: _____
Ending Address: _____

Reimbursable Expenses	
Expense	**Amount**
TRANSPORTATION	
Mileage _____ @ $ .52 In accordance with Office of Budget and Management (OBM) Travel Rule Guidelines (mileage computed by OACP per Google Maps)	
Tolls and Misc. (Receipts required)	
ASSESSOR FEES	
Preparation (1 hour)	**$25**
Drive Time (to be computed by OACP per Google Maps)	
Onsite Review (2 hour general guideline)	
Final Report (1 hour)	**$25**
Prior authorization shall be obtained from the approving authority (OACP) for any requests exceeding eight (8) hours. The approving authority shall request a written justification for hours in excess of eight (8).	
TOTAL	

Signature _____ **Date** _____

Submit completed form to:

Ohio Association of Chiefs of Police
Attn.: Joel Brown
6277 Riverside Drive, Suite 2N
Dublin, OH 43017
Joel.brown@oacp.org
Fax: 614-761-9509