



The Episcopal Diocese of Eastern Oregon

P.O. Box 236 ~ Cove, OR 97824

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Volunteer Reimbursement Form

Name _____

Mailing Address _____

Type of Meeting (include date and location)

Mileage _____ @ .25 cents per mile = \$ _____

Meals

Breakfast (if traveling at 7 a.m.) \$8.00 X _____ = \$ _____

Lunch (if traveling at Noon) \$11.00 X _____ = \$ _____

Dinner (if traveling at 6 p.m.) \$15.00 X _____ = \$ _____

Total Meal Expense \$ _____

Lodging (Include dates and location)

_____ \$70.00 X _____ = \$ _____

_____ \$70.00 X _____ = \$ _____

Total for Lodging \$ _____

TOTAL EXPENSES \$ _____

Signature of person making request _____

Approved by: _____

All requests must include receipts (if applicable)