



The Episcopal Diocese of Eastern Oregon

P.O. Box 236 ~ Cove, OR 97824

~ 541-568-4514 ~ Fax; 541-568-5000 ~ lboquist@episdioeo.org

Name _____

Mailing Address _____

Type of Meeting (include date and location)

Mileage _____ @ 54.5 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)

_____ \$ _____

_____ \$ _____

Total for Lodging \$ _____

Supplies (Include purpose or Dept.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total for Supplies \$ _____

TOTAL EXPENSES \$ _____

Signature of person making request _____

Approved by: _____

All requests must include receipts (if applicable)