

The Episcopal Diocese of Eastern Oregon

P.O. Box 1548 ~ The Dalles, OR 97058 ~ 541-298-4477 ~ Fax: 541-296-0939 ~ diocese@episdioeo.org

Name _____

Address _____

Meeting _____

Date _____ Place _____

Charge expenses to _____
(committee, commission, program, etc.)

Mileage _____ @ _____ per mile = _____
(IRS rate)

Meals Date(s) Amount Requested

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

Lunch (if traveling at Noon) \$8.00 _____

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

Total Meal Expense _____

Other Expenses _____
(pre-approval needed)

TOTAL EXPENSES _____

Signature of person making request

Approved by: _____

Account No. _____

Please attach receipts for any item in excess of \$10.00
Effective 8/13/11