

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 _____ @ .28 per mile = _____

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. _____

*Diocesan employees: please attach receipts
for any item in excess of \$10.00*

Effective 6/6/08