



The Episcopal Diocese of Eastern Oregon

P.O. Box 236 ~ Cove, OR 97824

541-568-4514

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Volunteer Reimbursement Form

Name _____

Mailing Address _____

Type of Meeting (include date and location)

Mileage _____ @ .50 cents per mile = \$_____

Meals

Breakfast (if traveling at 7 a.m.) \$13.00 X _____ = \$_____

Lunch (if traveling at Noon) \$15.00 X _____ = \$_____

Dinner (if traveling at 6 p.m.) \$26.00 X _____ = \$_____

Total Meal Expense \$_____

Lodging (Include dates and location)

_____ \$140.00 X _____ = \$_____

_____ \$140.00 X _____ = \$_____

Total for Lodging \$_____

TOTAL EXPENSES \$_____

Signature of person making request _____

Approved by: _____

All requests must include receipts if they exceed the allotted amounts and have been approved for payment from the diocese.