



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.*