

OFFICE OF EDUCATION, OREGON CONFERENCE OF SDA

REIMBURSEMENT REQUEST REPORT

APPROVED NON Professional Growth, TRAVEL, INTERVIEW & MOVING EXPENSES

NAME	SCHOOL
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ADDRESS

Phone contact	E-mail
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Purpose of Request: _____

Family Members Traveling with you: Spouse: _____ Date _____
of Children: _____

MILEAGE:
_____ Miles @ 40 Cents Per Mile \$ _____
(Miles - Round Trip)

MOTEL: (Actual-Attach Your Receipts) \$ _____
(Allowed every \$500 miles when moving)

PER DIEM: _____ Days @ \$50.00/day \$ _____

PER DIEM 1/2 DAY: _____ Days @ \$25.00/day \$ _____
(If meals are not provided)

AIR TRAVEL: (Actual-Attach Your Receipts) \$ _____

SPECIAL MOVING ALLOWANCE: \$ _____

OTHER MISCELLANEOUS EXPENSES: \$ _____

TOTAL EXPENSE TO BE PAID \$ _____

Notes: _____

THANK YOU FOR YOUR COMMITMENT AND SERVICE TO THE STUDENTS AND FAMILIES OF THE OREGON CONFERENCE—Gale Crosby, Vice President of Education

OFFICE USE ONLY

Dept Approval: _____ Date _____

General Ledger Expense Acct: **868315 10 1211**