

OREGON CONFERENCE OF SDA
OFFICE OF EDUCATION

BOARD OF EDUCATION REIMBURSEMENT REPORT

NAME

ADDRESS

Phone contact

E-mail

MEETING PLACE _____

Date of Meeting _____

MILEAGE:

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

LODGING: (Attach Your Receipts) \$ _____

PER DIEM: _____ Days @ \$50.00 ea \$ _____

TOTAL EXPENSE TO BE PAID \$ _____

*THANK YOU FOR YOUR DEDICATION, VISION AND SERVICE TO THE STUDENTS
AND STAFF OF THE OREGON CONFERENCE—Gale Crosby, Vice President of Education*

Dept Approval Signature: _____

Date

Accounts Payable Information:

General Office Expense
891100 10 1299