

Expense Reimbursement Request

Name:

Local Agency

Meeting/Training: _____

Date:

Location:

Hotel Expenses**

Rate Per Night (Reimbursement varies depending on location. See In-State Travel Matrix for		Tax		Number of nights		Total Lodging Cost
	+		x		=	\$0.00

****NEW: Please fax your hotel receipt together with this form. Hotel reimbursement will be based on the actual amount.**

Transportation Costs

Approximate number of miles (round trip)		Current Mileage Rate \$0.55/mile		Total Mileage Cost
	x	0.550	=	\$0.00
Air Fair				\$0.00

Meal Allowance (Don't count meals provided free by conference &/or hotel)

Per Diem Rate		Number of Meals		Total Cost
Breakfast			\$0.00	(add previous column totals) =
Lunch			\$0.00	
Dinner	x		= \$0.00	

Registration Fees		Number of People	Total Cost
	x		\$0.00

TOTAL REQUEST	\$0.00
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Please return to Karen Shi by e-mail at Karen.d.shi@state.or.us or fax to Karen's attention at 971-673-0071. The amount requested will be provided through a contract amendment/revision to your WIC grant.