

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 reference)		Tax		Number of nights		Total Lodging Cost
	+		X		=	

****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 \$0.505/mile		Total Mileage Cost
	X	0.505	=	
Air Fare				

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	

TOTAL REQUEST	
----------------------	--

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.