

OEC Expense Report

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Member: _____ Purpose: _____

Council Name: _____ From Date: _____ To Date: _____

Date	Description	Miles	@ \$0.575	Lodging	Meals	Other	Total

TOTALS

By my signature I attest that the above is true and accurate to the best of my knowledge

Submitted by: _____ (Print name)

Internal use only
Reimbursement paid by: Check Cash
Check #: _____ Date: _____

Signature: _____ Date: _____

Approved by: _____ (Print name)

Signature: _____ Date: _____