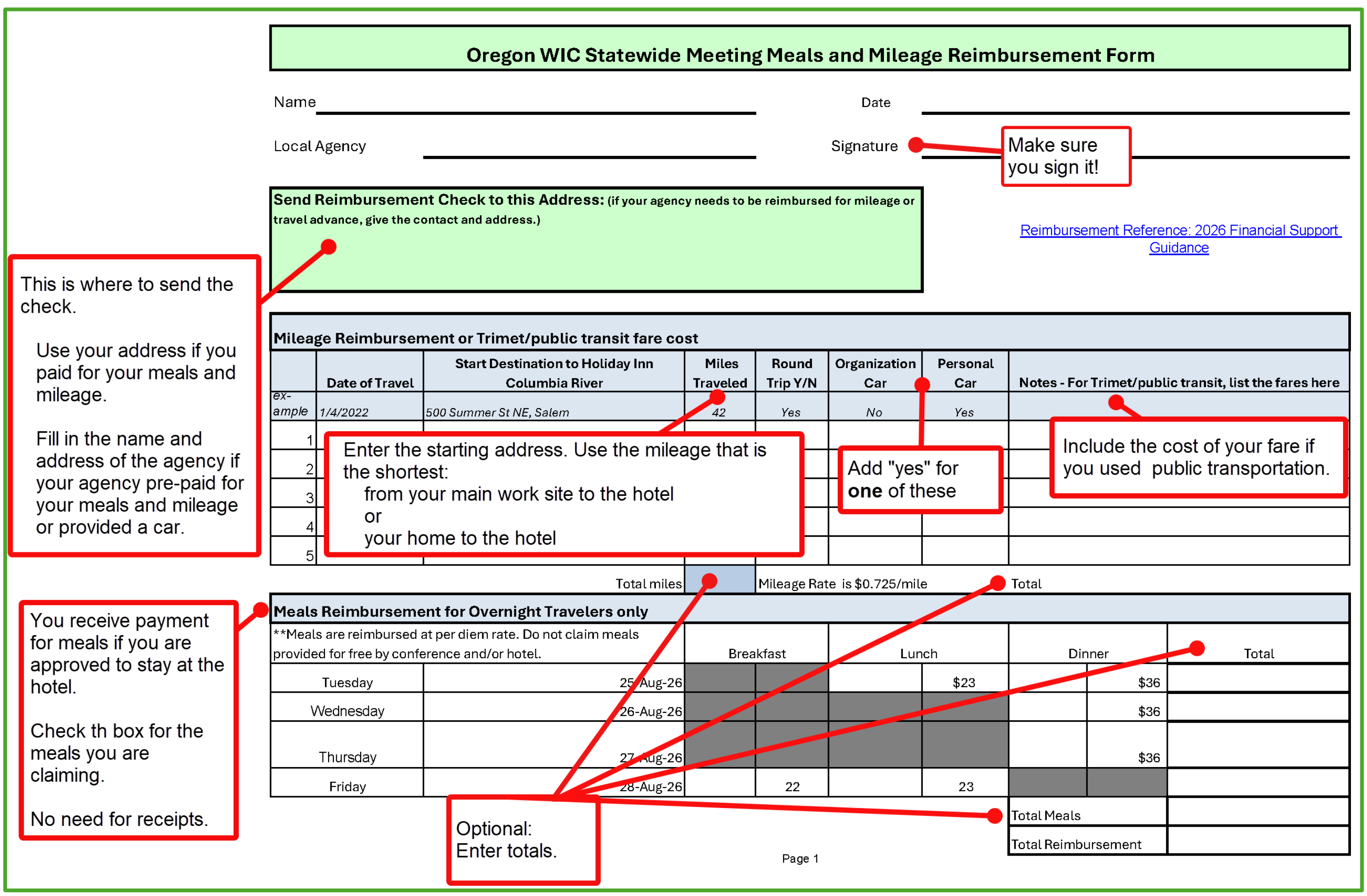
WIC Statewide Meeting Reimbursement Instructions

- All conference expense payments will be managed by Class Act, our event planner!
- Fill out the reimbursement form and leave it in the box in the registration desk **before** you leave on your last day.
- Reimbursement checks will be mailed directly to you. (Or to the contact provided.)
- You do not need to submit receipts.

Oregon WIC Coordinators Association (OWCA) expenses

OWCA expenses follow the same reimbursement process as the statewide meeting.

- Use the conference reimbursement form for OWCA expenses.
- Place it in the designated area at the registration desk **before** traveling home.
- Do not submit your OWCA expenses separately.



Oregon WIC Statewide Meeting Meals and Mileage Reimbursement Form

Name ____________________ Date ____________________

Local Agency ____________________ Signature ____________________

Make sure you sign it!

Send Reimbursement Check to this Address: **(if your agency needs to be reimbursed for mileage or travel advance, give the contact and address.)**

[Reimbursement Reference: 2026 Financial Support Guidance]

This is where to send the check.

Use your address if you paid for your meals and mileage.

Fill in the name and address of the agency if your agency pre-paid for your meals and mileage or provided a car.

Mileage Reimbursement or Trimet/public transit fare cost

	Date of Travel	Start Destination to Holiday Inn Columbia River	Miles Traveled	Round Trip Y/N	Organization Car	Personal Car	Notes - For Trimet/public transit, list the fares here
ex-ample	*1/4/2022*	*500 Summer St NE, Salem*	*42*	*Yes*	*No*	*Yes*	
1							
2							
3							
4							
5							
		Total miles		Mileage Rate is $0.725/mile		Total	

Enter the starting address. Use the mileage that is the shortest:
from your main work site to the hotel
or
your home to the hotel

Add "yes" for **one** of these

Include the cost of your fare if you used public transportation.

Meals Reimbursement for Overnight Travelers only

**Meals are reimbursed at per diem rate. Do not claim meals provided for free by conference and/or hotel.		Breakfast		Lunch		Dinner		Total
Tuesday	25-Aug-26				$23		$36	
Wednesday	26-Aug-26						$36	
Thursday	27-Aug-26						$36	
Friday	28-Aug-26		22		23			
						Total Meals		
						Total Reimbursement		

You receive payment for meals if you are approved to stay at the hotel.

Check th box for the meals you are claiming.

No need for receipts.

Optional:
Enter totals.

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Local Agency ______________________ Signature ______________________

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