**EXPENSE REPORT**

**(Request for Reimbursement)**

**Oregon State Grange**

Name: Date:

Address (include city & zip):

Phone: Email:

Date of Meeting(s)/Event(s):

Location(s) of Meeting(s)/Event(s):

Mileage: From To

 From To

 From To

 *Accounting Codes*

Total Mileage @ $.30 per mile $

Lodging (receipts required) $

Meals (receipts required) $

Telephone (receipts required) $

Postage (receipts required) $

Other (please list below and include receipts) $

 $

 $

 $

 $

 Total: $

 Less Advancement: $

 **Total to be Reimbursed:** $

***DO NOT FORGET TO INCLUDE RECEIPTS***

Report of Meeting (use back or separate page if necessary)

Requested By: Office Held:

Master’s Signature for Approval: Date:

***Mail to: Master, Oregon State Grange, 643 Union St NE, Salem OR 97301 – 503-316-0106***