

**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 \_\_\_\_\_

*Office Codes: Do Not  
Write In Spaces Below*

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:	\$ _____	_____
<b>Total to be Reimbursed:</b>	\$ _____	_____

***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***