



Expense Reimbursement Report

Submit to: Accounts Payable, P.O. Box 231935, Tigard OR 97281-1935

Section Members: submit this form to your section **Treasurer for approval**, they will forward it to the bar.

DETAILED Receipts are required (except for meals at per diem rates) - Please attach.

Name: _____ Sec/Dept: _____ Bar #: _____

Mailing Address:	Detailed description of business expenses or activity for each day below:

Expenses:	Date : / /	Date : / /	Date : / /	Date : / /	Date : / /	Totals
Breakfast						\$
Lunch						\$
Dinner						\$
Lodging						\$
Airfare/Car Rental						\$
Taxi & Local Fare						\$
Parking						\$
Misc-Specify below						\$
Totals	\$	\$	\$	\$	\$	\$

Mileage Reimbursement			
Date	Travel to/from:	Mileage	Remarks
Total Mileage		0.555 / mi	\$

Accounting Distribution		Totals	
Account #	Amount	Total Expenses	\$
		Less Advance	\$
		Total Reimbursement	\$
		or Amount due to OSB	\$
Approval Signatures & Date:			
Sec./Dept Approval:			
Accounting:			
CFO:			
Signature of requestor (required for payment):		Date:	

Signature of requestor (required for payment): _____ Date: _____

Attach necessary receipts/documentation. See policy below for guidelines.