REIMBURSEMENT/CHECK REQUEST



Board Member Name:	
Department:	
Expenses From (date):	
Expenses To (date):	

Oregon Fire District Directors Association 1284 Court Street NE Salem, OR

97301 ATTN: MARY

Phone: 800-223-9708 Fax: 503-364-9919 www.ofdda.com

Expense Date	Expense Description	Mileage/Lodging, etc	Expense Amount	Comments:
		Total Expenses		
Signature:	Date:	Total Advance		
		Total Reimbursement		

Please note, Policy 114: Total daily meal cost shall be reimbursable up to (\$50) per day. Lodging will be reimbursed at actual cost of standard single room. Travel expenses are reimbursable coach air fare for air travel or the mileage amount currently

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Authorized By:

Internal	Use	Only
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Amount Paid	Check No.	Date