

~~CLASSIFIED~~

West Linn - Wilsonville #102

Member Expense Claim Reimbursement Form

Date Submitted:

Name: Address:

Signature: _____

Date	Mileage (<i>to, from purpose</i>)	Total Miles
		TOTAL

(Reimbursement calculated at current IRS rate, \$0.70/mile)

Official use only

Charge to:

Approved By:

Date:

Documentation required for claims

Who?	What?	Where?	Why?
<p>You should identify who was involved in the meeting or activity in which the expenses were incurred. Specific names are necessary if those individuals are included in a meal you paid for.</p>	<p>This establishes the nature of the expense, for example breakfast, mileage, etc.</p>	<p>Identify the location where the expense was incurred, such as chapter #, restaurant name, city, etc.</p>	<p>Identify the business purpose of the expense or the event at which the expense was incurred.</p>