Approved by	
Date	
Check #	
Date paid	

Oregon Federation of Square & Round Dance Clubs
Expense Claim

Date_____

Lodging Allowance ($40.00) $_____

Travel Miles - One Way_____ @ 60 cents/mile _____

Other Expense (Please attach sales slips, copies of bills, etc.)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Total $_____

Requested by:_____

Office Held:_____

Area:_____

Make check payable to:_____

Fund to be charged:_____

If substitute, please indicate the person you are representing:

_____