

**Oregon Sweet Cherry Commission Expense Detail Sheet**

Name					Period (Month and Year)		
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Address							
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Date	Destination	Stipend (\$155/Day)	Meal Reimbursement			Lodging	Total
			Breakfast	Lunch	Dinner		
Totals							

Miscellaneous Expenses							
Date	Airfare, Taxi, Parking, Private Car Miles, Phone, Etc.			One-time expense	Private Car Miles	Rate per Mile (\$0.56)	Amount
Total:							

Reason For Travel (be specific)				Total Expenses			
				Paid to Board Member			
				Total Stipend			
				Paid to Board Member			

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	Signature:		Title	Date

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	Approved by:		Title	Date

Code:		Split:	
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