



CONFEDERATION OF OREGON SCHOOL ADMINISTRATORS

707 13th Street SE, Suite 100

Salem, OR 97301

EXPENSE VOUCHER

COSA

OASE

OASSA

OACOA

OESPA

OASC

(Please circle appropriate division)

Name: Meeting: OESPA 20/20 Vision Leadership Mini-Grants
Mailing Address: Meeting Place:
City: Zip: Date(s)

Please list below all expenses for which reimbursement is hereby claimed. Attach hotel receipt if lodging is claimed and itemize miscellaneous expenses on back of this form.

Table with 7 columns: Date, Breakfast, Lunch, Dinner, Room, Misc., TOTAL. Multiple rows for recording expenses.

PRIVATE CAR MILEAGE

Round Trip From to
One Way From to
(Program recommended max 20 miles) TOTAL MILES

FARE (Bus, Rail, Air) - Attach Cancelled Ticket

Round Trip From to
One Way From to
TOTAL FARES

SIGNATURE

(Do not write below this line)

FOR OFFICE USE ONLY

Total Meals and Lodging \$
Total Miscellaneous \$ Account Number:
Total Mileage @ .25¢ \$
Total Fares \$
Subtotal \$ Approved By:
Deductions (if any) \$
TOTAL REIMBURSEMENT \$ (Maximum amount \$20)

Retain PINK copy for your records