Oregon Old-Time Fiddler's Association

Mileage Reimbursement Form

Date of Event: _____

Meeting: _____

Designated Member Requesting: _____

Position: _____   District: _____

Distance: _____ miles

   (2 X from _____ to _____)

Rate: @ _____ = $ _____

(Federal Business Reimbursement Rate)

Received by: _____

Paid: _____   Date: _____

Oregon Old-Time Fiddler's Association

Mileage Reimbursement Form

Date of Event: _____

Meeting: _____

Designated Member Requesting: _____

Position: _____   District: _____

Distance: _____ miles

   (2 X from _____ to _____)

Rate: @ _____ = $ _____

(Federal Business Reimbursement Rate)

Received by: _____

Paid: _____   Date: _____