	Oregon Strawbe	rrv Commission E	Expense Detail S	heet					
Name		egon Strawberry Commission Expense Detail Sheet  Period (Month and Year)							
Address									
OSC Staff	OSC Member (	cirlcle one)							
	Time of Time of			Stipend	Meal Reimbursement				
Date	Start	Stop	Destination	(\$155/Day)	Breakfast	Lunch	Dinner	Lodging	Total
			Totals						
	Miscellaneous Expe						Rate per	Private Car	
			king, Private Car N			Date	Mile (\$0.56)	Miles	Amount
		Alliare, Taxi, Tai	king, i rivate car i	illes, i florie, Etc.		Date	ιε (φοισο)	Times	741104110
									+0.00
Reason For Travel (be specific)						Total:		\$0.00	
					Total Expenses	The state of the s			\$0.00
					Paid to Employee/	Board Member	Sould Melliber		
					Table Co.				
					Total Stipend				
I certify that all reimbursements claimed reflect actual duty required					Paid to Board Mer				
				Signature:			Title		Date
	owances entitled; th								
heretofore clain	ned or will be claime	ed from any other s	ource.						
	e above claimed exp			Approved by:			Title		Date
	ses. Funds for paym								
	udget for the period	covered and have	been alloted						
for expenditure									
				Code:			Split:		