

# Finland Food Chain Expense Reimbursement Form

Please return within one month of your incurred expenses

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PER DIEM - \$30

Date of meeting(s): \_\_\_\_\_

Total Per Diem: \$ \_\_\_\_\_

## MILEAGE

Mileage (@ \$0.58 in 2019) – Miles \_\_\_\_\_ x .58 = Total \_\_\_\_\_

Start location: \_\_\_\_\_

End location: \_\_\_\_\_

## EXPENSES (PLEASE ATTACH RECEIPTS)

Travel \_\_\_\_\_

Food \_\_\_\_\_

Miscellaneous (please itemize) \_\_\_\_\_

**TOTAL**      \$ \_\_\_\_\_

Return form to: Honor Schauland  
Project Manager  
Finland Food Chain  
Friends of the Finland Community  
PO Box 582  
Finland, MN 55603  
honor@friendsoffinland.org

Please indicate clearly if any of the items listed above are in-kind. In-kind total: \_\_\_\_\_