

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: _____