



Oregon Conference

of the Free Methodist Church

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Payee's Name _____

Board/Committee/Event _____

Date of Meeting _____

Location of Meeting _____

Miles Traveled _____ at \$0.____/mi. = \$_____

PLEASE NOTE that IRS regulations will not permit the Conference to issue a contribution receipt for mileage. A check will be issued for the expense report. If you desire to contribute the expense to the Conference, you may issue your own check to the Conference.

Signed: _____

Mailing Address: _____

Rates in cents per mile

Period	Rates in cents per mile			Source
	Business	Charity	Medical moving	
2024	67	14	21	IR-2023-239
2023	65.5	14	22	IR-2022-234