Logo

Description automatically generated 

DISASTER RELIEF ATTENDANCE REPORT

Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR INSURANCE PURPOSES IT IS IMPORTANT THAT YOU COMPLETE THE UPPER PORTION OF THIS FORM WHETHER OR NOT YOU HAVE EXPENSES TO REPORT.** Travel insurance is provided for the protection of all Disaster Relief Volunteers traveling to, while attending, and returning from this meeting.

If you should be involved in an acident related to your attendance at this meeting, **claims must be made within 30 days after the injury.** Write to Thomas Jordan, 3800 North May Avenue, Oklahoma City, OK 73112-6506, regarding claims.

**ATTACH receipts or credit card copy for ALL expenditures**. **Pre-authorization is required in order to be reimbursed for hotel expenses.**

EXPENSES

**Transportation:**

Total round trip mileage \_\_\_\_\_\_\_\_\_\_\_ x .67 cents per mile………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals……………………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging…………………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tolls………………………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Expenses (please give explanation) ………………………………………………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL…………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form Revised January, 2024