

Oregon Medical Group Patient and Family Advisor Counsel Expense Sheet

Volunteer's Name: _____

Date of Activity	Description of Activity	Time Spent (In Hours)*	\$ Value of Time **	Mileage Incurred	Mileage \$ Value***	Unreimbursed Out-of-Pocket Expenses	Description of Expense	Total \$ Value of Volunteer Time and Expense
			\$0.00		\$0.00			\$0.00
			\$0.00		\$0.00			\$0.00
			\$0.00		\$0.00			\$0.00
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			\$0.00		\$0.00			\$0.00
			\$0.00		\$0.00			\$0.00
TOTALS			\$0.00		\$0.00	\$0.00		\$0.00

*Record in whole hours or decimal fractions thereof
 **Calculated at Oregon Minimum Wage rate of \$8.50/hour - Non Tax Deductible
 ***Calculated at IRS tax deductible rate of \$0.14/mile - Tax Deductible

KEEP RECEIPTS FOR EXPENSES AND VERIFICATION OF REASON FOR EXPENSES, MILEAGE & TIME SPENT (i.e., copy of meeting agendas, Yahoo Maps Directions for mileage) **Unreimbursed Out-of-Pocket Expenses are Tax Deductible**